

SPIRITUALITY AS A COPING MECHANISM  
TO DECREASE SUICIDE WITHIN  
THE MILITARY

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A FINAL PROJECT SUBMITTED TO  
THE DOCTORAL STUDIES COMMITTEE  
IN PARTIAL FULFILLMENT OF THE REQUIREMENTS  
FOR THE DEGREE OF DOCTOR OF MINISTRY

UNITED THEOLOGICAL SEMINARY  
Dayton, Ohio  
May 2023



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## ABSTRACT

### SPIRITUALITY AS A COPING MECHANISM TO DECREASE SUICIDE WITHIN THE MILITARY

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Suicide is the second leading cause of death within the military.<sup>1</sup> The title of this ministry project is Spirituality as a Coping Mechanism to Decrease Suicide within the Military. This project examines the hypothesis: if a pastoral care and counseling resiliency model is developed that teaches coping mechanisms, then chaplains can help service members begin addressing the suicidal ideations they experience. Implementation of the research project included pre-and-post questionnaires, interviews, and workshops. Throughout the project, participants received training to teach service members resiliency through spirituality.

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<sup>1</sup> “Annual Suicide Report,” Reports, Defense Suicide Prevention Office, August 20, 2020, [https://www.dspo.mil/Portals/113/2018%20DoD%20Annual%20Suicide%20Report\\_FINAL\\_25%20SEP%2019\\_508c.pdf](https://www.dspo.mil/Portals/113/2018%20DoD%20Annual%20Suicide%20Report_FINAL_25%20SEP%2019_508c.pdf).

## **ACKNOWLEDGEMENTS**

First and foremost, I would like to thank Dr. Tracy M. Hayes for her unwavering support throughout this process. You have been a true friend. Your encouragement, editing, professional guidance, and expertise never went unnoticed. You believed in me when I often doubted myself, the process, and the program. Without you, the completion of this doctoral program and project would not have been possible. I am eternally indebted to you.

Special thanks to Dr. Thomas Francis, Dr. Sharon Ellis-Davis, Dr. Jonathan McReynolds, and Dr. Anita Coleman, who served as cohort mentors throughout my time at United Theological Seminary. Your guidance, calming spirits, and reassuring words will never be forgotten. To Dr. Jerome Stevenson and Dr. Reggie Abraham, thank you for the wisdom that you imparted to the Pastoral Care and Counseling Cohort. To my cohort colleagues, thanks for traveling this road with me in prayer, partnership, and study.

To my editor, Dr. Kenneth Cummings, your endeavor to make my work shine was truly appreciated. To my family and friends who allowed me time to finish this degree, thank you for your patience and encouragement. You are loved beyond measure.

## **DEDICATION**

This work is affectionately dedicated to my mother, Anna L. Douglas, my father in the ministry, Rev. William Bufford, and former Presiding Bishop, William H. Graves, who all by God's grace have received their heavenly reward. Rest in peace until we meet again.

To my second mother, Lola J. Bufford, I could not have done this without you. You instilled in me a thirst for knowledge, education, and self-improvement that has led me to this moment. You have been a constant source of strength and inspiration throughout my life. Thank you, and I love you more than words could ever convey.

Special recognition to my former churches who challenged and stretched me in ways that made me pursue higher learning. To those special church members who invested and sowed into my ministry and development, your faith in me has been the wind beneath my wings.

## **ABBREVIATIONS**

BRS	Brief Resiliency Scale
NRSV	New Revise Standard Version



Though chill and dark be your night, if you walk by faith and not by sight, you will never walk alone.

—William H. Bass, *From the Sermon Collections*

## **INTRODUCTION**

The pursuit of my theological education at United Theological Seminary in Dayton, Ohio, has been both rewarding and challenging. Serving on Active Duty and providing religious ministry within a pluralistic environment for over 5,800 Sailors, Marines, Soldiers, and Airmen, while working toward a Doctor of Ministry degree has been both physically and mentally arduous. However, the lessons learned, knowledge gained, and relationships forged have been life changing and ministry inspiring.

This doctoral journey has stretched and challenged me in theological and academic ways that have prepared me for more multifaceted ministry within the armed forces and subsequent parish ministry. This theological journey has caused me to reexamine institutional and parish ministry and its effectiveness to suicidal persons. Throughout this critical examination, I have done a self-assessment of my own resiliency, spiritual foundation, and current ministry to those suffering with mental illnesses.

I began this program as the Command Chaplain for a large intelligence command responsible for providing support to Fort Gordon and its subordinate commands. Since the start of my matriculation, I have since transferred to an aircraft carrier with over 6,800 Sailors. Upon arriving to my current assignment, the USS Gerald R. Ford, I discovered the problem with suicide is not localized to one community of Sailors. However, it is a larger issue affecting the entire armed forces. My hope for my doctoral

work is that it will ultimately be used for chaplains throughout the military to begin helping service members address their suicidal ideations.

Those struggling with depression and suicidal tendencies have long been an overwhelming concern of mine. At the age of twelve, I encountered my first suicidal person. This person was not confined within an institution but resided within my own home. My mother had taken in a great niece of hers who struggled with severe mental illness. Several months later, she was confined to a mental health facility for attempting to commit suicide. Years later, I discovered my biological father suffered from severe depression, which often made him emotionally unattached. Furthermore, he struggled with a cocaine, marijuana, and alcohol dependency as a means of self-medicating. Within my own life, I have experienced severe loss, grief, and depression. Spirituality and resiliency became critical tools from which I drew strength and recovery from.

This project is a direct association of my spiritual autobiography and ministry context. The title of this ministry project is “Spirituality as a Coping Mechanism to Decrease Suicide within the Military.” The doctoral project examined the hypothesis that if a pastoral care and counseling resiliency model is developed that teaches coping mechanisms for different personality traits, then chaplains can utilize the counseling model to help service members within the military intelligence community begin addressing the suicidal ideations they experience.

Within the ministry context a relationship exists between low levels of resiliency in individual personality traits such as introversion and neuroticism which contribute to the inability to process psychosocial stressors. This inability to process psychosocial stressors leads to high levels of stress, depression, suicidal ideations, and suicide.

Additionally, the lack of spirituality within the ministry context contributes to an insufficient support system that is incapable of enhancing or sustaining resiliency.

The ministry project is supported by biblical, historical, theological, and interdisciplinary foundations. These individual foundations undergird the ministry project, hypothesis, and ministry solution. By referencing these individual foundations, a pastoral care and counseling resiliency model that uses spirituality as a coping mechanism can be developed that decreases stress and psychosocial stressors, thereby, reducing suicidal ideations and behaviors within the military intelligence community.

Chapter one, entitled Ministry Focus, gives a synopsis of my life and faith journey. This chapter discusses my childhood, early life, call to ministry, education, parish ministry, later life, and military service. It tells of my challenges and triumphs that led me to my Doctor of Ministry Project. Furthermore, this chapter discusses my context of ministry, the Navy Information Operations Command Georgia, and the mental and emotional challenges that numerous service members encounter. Finally, this chapter discusses a synergy where my spiritual gifts for ministry can be combined with the needs of my context.

Chapter two, entitled Biblical Foundations, demonstrates the relationship between spirituality and resiliency. This chapter focuses on the Old Testament character Job. The chosen scripture is Job 19:1-27. In this passage we see grief and loss, mental depression, extreme suffering, trauma, and resiliency. The book of Job, in its entirety, explores human suffering and humanity's ability to remain resilient and recover from adversity. Within the story of Job, psychosocial stressors are explored: tragic loss of life and

possessions, marital trouble, estrangement from family and friends, condemnation, trauma, overwhelming depression, and suicidal behavior.

Chapter three, Historical Foundations, examines Abraham Lincoln. This analysis provides historical references for resiliency, mental wellness, and recovery. Many are unaware that President Lincoln struggled with chronic depression throughout his life. In addition, his wife, Mary Todd Lincoln, suffered with extreme mental health disorders. Both President and Mrs. Lincoln contemplated suicide on multiple occasions. Furthermore, both individuals experienced trauma and vicarious trauma throughout their lives. President Lincoln developed an individual resiliency model that will contribute to the doctoral project ministry solution and pastoral care and counseling resiliency paradigm.

Chapter four, Theological Foundations, considers practical theology, trauma-informed theology, and theological anthropology as solutions to stress, depression, and suicidal ideations. This chapter provides an analysis of the story of Job, President and Mrs. Lincoln, and the present-day suffering and trauma of individuals within the context of the doctoral project. The theological foundations combine pastoral theology with clinical approaches to address trauma and mental health by utilizing spiritual resources as a therapeutic approach for resiliency. It also includes hermeneutical theology as a clarifying approach to understand how Holy Scripture addresses humanity's recovery from trauma.

Chapter five, Theoretical Foundations, centers on mental health and the cognitive behavioral theory. The cognitive behavioral theory explains how thoughts, feelings, and behaviors interact. By studying the cognitive behavioral theory, I was able to better

understand my context and therefore provide ministry solutions. This theory will be essential in changing suicidal thoughts and behaviors within the ministry context and military as a whole.

Chapter six, Project Analysis, outlines my thesis hypothesis, methodology, research design, measurement, and instrumentation. This chapter highlights the contributions of the professional and peer associates. Additionally, this chapter cites data collection, data analysis, and the outcome of the data. Furthermore, this chapter discusses the summary of learnings from the school's intensives and concludes with how this project can be duplicated in other areas.

## **CHAPTER ONE**

### **MINISTRY FOCUS**

#### **Introduction**

In the United States, someone attempts suicide every thirty-one seconds, and an average of one person dies by suicide every 11.9 minutes — making suicide the tenth leading cause of death in America. According to the World Health Organization, almost 1,000,000 people die by suicide every year. Historically, military suicide rates have been lower than those found in the civilian population; however, the number of suicides among service members are increasing at alarming rates. Suicide is now the second leading cause of death in the military. In 2015, the suicide rate for active-duty personnel was 20.2 per 100,000, which is twice as high as the global mortality rate.<sup>1</sup>

According to the Department of Defense 2019 Annual Suicide Report, there were 498 suicides among active-duty personnel in 2019. This number represents a six-year high within the Armed Forces with the population of greatest concern being young and enlisted service members.<sup>2</sup> With 85% of the military being male, men die by suicide more often than females. After separating from the military, approximately seventeen veterans

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<sup>1</sup> “Military Suicide,” Suicide in the Military, Center for Deployment Psychology, November 16, 2020, <https://deploymentpsycho.org/disorders/suicide-main>.

<sup>2</sup> “Annual Suicide Report,” Reports, Defense Suicide Prevention Office, August 20, 2020, [https://www.dspo.mil/Portals/113/2018%20DoD%20Annual%20Suicide%20Report\\_FINAL\\_25%20SEP%2019\\_508c.pdf](https://www.dspo.mil/Portals/113/2018%20DoD%20Annual%20Suicide%20Report_FINAL_25%20SEP%2019_508c.pdf).

die by suicide every day — a rate that is 1.5 times higher than nonveterans are. Younger members, seventeen-to-nineteen years old, were 4.5 times as likely to die by suicide after leaving the service as older veterans. Between 2005 and 2017, more than 78,000 veterans died by suicide.<sup>3</sup>

Although the reasons for suicide within the military are still highly unknown, researchers have discovered a top motive. When researchers spoke with seventy-two soldiers at Fort Carson, Colorado, concerning why they attempted to commit suicide, out of thirty-three possible responses, they all listed one. The seventy-two soldiers indicated there was a desire to end intense emotional distress. Each service member experienced severe psychological suffering and pursued suicide to stop the agony. The soldiers made the decision to pursue suicide based on their hopelessness and no perceived options to escape the anguish they experienced. Other reasons listed by the seventy-two soldiers included the complexity of the problem, the urge to end chronic sadness, a means to escape people, and a way to express desperation.<sup>4</sup>

The Department of Defense 2019 report concluded that suicide is the culmination of complex interactions among environmental, psychological, biological, and social factors. Psychosocial stressors such as relationship problems, financial stress, ineffective coping skills, and workplace difficulties contribute to suicide risk. Furthermore, the Department of Defense report discovered that suicide could affect diverse communities differently.

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<sup>3</sup> “Annual Suicide Report,” Reports, Defense Suicide Prevention Office, August 20, 2020, [https://www.dspo.mil/Portals/113/2018%20DoD%20Annual%20Suicide%20Report\\_FINAL\\_25%20SEP%2019\\_508c.pdf](https://www.dspo.mil/Portals/113/2018%20DoD%20Annual%20Suicide%20Report_FINAL_25%20SEP%2019_508c.pdf).

<sup>4</sup> “Study Reveals Top Reason Behind Soldiers Suicide,” MSRC News Details, Military Suicide Research Consortium, <https://www.msrc.fsu.edu/news/study-reveals-top-reason-behind-soldiers-suicides>.



With suicide rates consistently increasing, the COVID-19 pandemic has further highlighted the need to focus on resiliency to teach foundational skills to deal with life stressors. In addition, pandemic fatigue has further emphasized the need to address mental health concerns to reduce stress, suicidal ideations, and suicide. As a chaplain currently serving with the United States Navy Intelligence Community, my focus includes building resiliency within a diverse community. This synergy paper seeks to examine the psychosocial stressors of suicidal ideations within the military Intelligence Community and provide a pastoral care and counseling model to enhance resiliency.

### **Context**

My context for ministry is as a spiritual advisor (Command Chaplain) for the Navy Information Operations Command Georgia — also referred to by the name NIOCGA. NIOCGA is an Intelligence Command responsible for providing critical support to deployed naval, air, and ground forces through cyber and information to enhance the war fighting effectiveness of the Navy and nation. It is located on the United States Army installation, Fort Gordon in Augusta, Georgia. Located in the East Central section of Georgia, Augusta is approximately 150 miles East of Atlanta, 126 miles Northwest of Savannah, and seventy-four miles West of Columbia, South Carolina. The city is located within Richmond County.

Established in 1995 as Naval Security Group Activity at Fort Gordon with 285 Sailors, NIOCGA's operations rapidly increased to support the Global War on Terrorism after 9/11 tragic event. Currently comprised of 1,500 plus sailors across various job descriptions, NIOCGA is the largest single component located on Fort Gordon.

Commissioned to provide operational cryptologic personnel to support the Fort Gordon Regional Security Operations Center, its mission quickly expanded to support other operations in the Middle East. In 2005, it assumed its new name, Navy Information Operations Command Georgia. In 2009, with the creation of the United States (U.S.) Cyber Command, Fleet Cyber Command, and Commander Tenth Fleet, NIOC Georgia realigned under Fleet Cyber Command. The Commanding Officer of NIOC GA was designated Commander Task Force 1050, serving as the Task Force Commander for Commander Tenth Fleet, Officer in Tactical Command for information warfare and regional expert for executing full spectrum cyber, information operations, and signal intelligence operations in the U.S. Naval Forces Central Command, U.S. Naval Forces Europe, and U.S. Naval Forces Africa. Its current mission is to serve as a multi-service facility which conducts continuous security operations from Fort Gordon using remoted technologies on selected targets in support of national and warfighter intelligence requirements.<sup>5</sup>

Administrative control of NIOC GA is with U.S. Fleet Command/U.S. Tenth Fleet. Established on January 29, 2010, the United States Fleet Cyber Command/United States Tenth Fleet has grown into an operational force of more than 14,000 active, reserve sailors and civilians organized into twenty-eight active commands, forty Cyber Mission Force units, and twenty-seven reserve commands around the globe.<sup>6</sup> The personnel of NIOC GA occupy four buildings on Fort Gordon with detachments in

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<sup>5</sup> This citation is taken from Navy Information Operation Command Georgia (NIOC GA) "History," Unclassified Document, Fort Gordon, Georgia, 1.

<sup>6</sup> "Command Description," About Us, U.S. Fleet Cyber Command/U.S. Tenth Fleet, <https://www.fcc.navy.mil/About-Us/>.

Bahrain, Norfolk, Virginia, Groton, Connecticut, and Jacksonville, Florida, totaling over 1,500 Sailors.

As of 2020, the total population of Richmond County is 196,303, which is 1.0% more than in 2010. It is the second largest city in Georgia (with Atlanta being number one) and the 130th largest city in the United States. Augusta reached its highest population of 197,146 in 2016. Its population is declining at the rate of -0.16% annually; however, Augusta's population has increased by 0.23% since the previous census, which recorded a population of 195,844 in 2010. Spanning over 306 miles, Augusta has a population density of 649 people per square mile which is much higher than the state average density of 175.6 per square mile and the national average of 92.9 per square mile.<sup>7</sup>

The average household income is \$55,941 with a poverty rate of 23.52%. The median rental cost is \$851 per month, and the median house value is \$104,600. The median age in Augusta is 33.8 years, 31.9 years for males, and 36.2 years for females. For every 100 females, there are 93.3 males. The most prevalent race in Augusta is African American. The racial composition of Black or African American is 57.21%, White 37.03%, two of more races 2.31%, Asian 1.89%, other race 1.09%, Native America 0.26 %, and Native Hawaiian or Pacific Islander 0.22%. The most likely race to be in poverty is African American with 29.08% below the poverty level. The race least likely to be in poverty is Asian with 14.77% below the poverty level. The average education level in Richmond County is lower than the state and national averages. The

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<sup>7</sup> "Augusta, Georgia Population 2020," US Cities, World Population Review, <https://worldpopulationreview.com/us-cities/augusta-ga-population>.

highest rate of high school graduation is among Islanders with a rate of 93.98%. The highest rate of bachelor's degrees is among Asians with a rate of 49.96%.<sup>8</sup>

Demographics for Fort Gordon, which include the Navy Information Operations Command Georgia, are within the data above. A detailed breakdown of NIOC GA's demographics for its 1,500 plus sailors provides the following data: males 71.23%; females 28.77%; average age for Generation Z (1991-2007) is 31.26% followed by Generation Y (1978-1990) 31.26%; educational level bachelor degree or post is 29.03%; some college 22.58%; and associate degree is 35%. As a top organization and company in Richmond County, Fort Gordon (US Army, US Navy, and US Air Force) is the largest employer in Augusta followed by ADP, Savannah River Nuclear Solutions, Augusta University, Apple, and John Deere.<sup>9</sup>

With the growing need for intelligence and cyber security, the United States Navy is recruiting young adults between the ages of seventeen to thirty-four to serve in the armed forces in critical and demanding electronic warfighting positions. With minimal research done on the resiliency of the cyber warfighter before the expansion of electronic warfare, numerous psychological issues currently plague the intelligence and cyber communities. These communities often struggle with Post Traumatic Stress Disorder (PTSD), stress, failure to adapt, and suicidal tendencies due to their job functions, lack of coping skills, and resiliency. Over the past two years, NIOC GA has experienced a high number of stress, suicidal ideations, and death by suicide. More alarming are the even

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<sup>8</sup> "Augusta, Georgia Population 2020," US Cities, World Population Review, <https://worldpopulationreview.com/us-cities/augusta-ga-population>.

<sup>9</sup> "Demographics," Dept of Navy, Total Workforce Management Services, <https://twms.dc3n.navy.mil/demographics.aspx>.

higher numbers of stress, suicide, and death by suicide at Fort Gordon. The Dwight D. Eisenhower Mental Health Treatment Center consistently struggles with scheduling service members that are experiencing mental health concerns due to work and life stressors. The average wait time for a non-emergent visit is ninety days or more. This wait time is due to the urgent and prevalent need for mental health resources, sustainment of life, and coping skills to build resiliency.

The inability to process life stressors may be in connection with the various personality traits of the Cryptologic Technicians. The Naval Intelligence community at NIOC GA is comprised of several jobs. It is my belief that the two predominant personality traits found within the intelligence community are introversion and neuroticism. Often low on the resilience scale, individuals with these traits often experience high levels of stress, suicidal ideations, and suicide. Their coping skills are often inadequate to handle life-changing events in a positive, healthy, and therapeutic manner — thereby, creating short and long term mental and emotional issues.

Because of COVID-19 and the restrictive measures taken by the armed forces to reduce the spread of the Coronavirus, psychological issues within the military intelligence community have spiked. As introverts who rely on a daily routine and relationships within their professional and personal circles, isolation has further exacerbated mental and emotional issues within the cryptologic warfighter. This aggravation is visible in the counseling data recorded by religious and health care providers. Resiliency within the intelligence community is of concern due to the unhealthy responses of the warfighter to psychosocial stressors such as the degradation of

marriages and relationships, domestic violence, work satisfaction and performance, health concerns, and major life changes.

In 2019, the suicide rate for the United States Navy was 21.5 per 100,000, with seventy-two sailors dying by suicide. NIOC GA lost six sailors to suicide in a single year. Over the past eighteen months, my focus has been on providing preventative care to address psychological issues within the military intelligence community to reduce the level of stress and number of suicidal ideations and deaths by suicide. I have primarily attempted to achieve this goal through concentrating on building resiliency through workshops, command presentations, and in person counseling. In collaboration with clinicians at the Fleet and Family Service Center, we have developed virtual training modules to enhance resiliency during the COVID-19 pandemic. The intent is to provide appropriate coping skills to address stress, depression, suicidal ideations, marriage and family problems, and loneliness.

As the Command Chaplain for NIOC GA, I seek to provide religious support and counseling services for service members and dependents. As a spiritual advisor, I provide advice on all matters related to morale and the overall well-being of the crew. In addition, I also provide pastoral care, facilitate, and advise. These four rudiments are the navy chaplain's four areas of responsibility. These four elements are translated into providing religious support to those of my faith group; caring for every service member regardless of race, gender, or creed; facilitating for those that I am unable to provide religious services and support to; and advising the command on morale and ethical matters.

As a chaplain within the ministry context, I contribute to the overall well-being of the crew. Because suicide affects the entire command and diminishes unit cohesion,

suicide is a top priority for the commander officer. Tasked with reducing the number of suicides within the command, my ministry focus is on faith and strength and elements that I have personally drawn tenacity from. Having relied upon my own faith to sustain me through similar life challenges and insecurities that those in my context often struggle with, I know firsthand the power of faith in the midst of unrelenting stress and difficulties. Because individuals can be spiritual without being religious, spirituality has the ability to reach all groups throughout the military on a faith-based level.

Throughout this project, I will serve as a counselor and advisor to develop and test a pastoral care and counseling model that reduces suicide within the military intelligence community. My role within the ministry context will be to examine the psychosocial factors that contribute to stress, suicidal ideations, suicide, and devise a pastoral care and counseling model that promotes spirituality as a coping mechanism. This model will build and maintain resiliency by using spirituality to undergird sailors experiencing emotional and mental insecurities and life challenges. As a counselor, religious professional, and advisor, I will work to implement this model to change the culture within the ministry context and develop mentally, emotionally, and physically fit cryptologic warfighters.

Because I have relied upon my own faith, spirituality, and religion to overcome similar psychosocial factors like those within the ministry context often struggle with, I will share my own stories of triumph by believing in something higher than myself. Within the ministry context, I will counsel, evaluate, and develop a resiliency model, while sharing my own stories to bear witness of the power of spirituality. In the ministry context, I will use my own coping skills and knowledge to build a model that is inclusive

of different personalities that takes into consideration the strengths and weaknesses of the military intelligence community.

The strength of the military intelligence community is their willingness to seek confidential resources to address their mental health concerns, elevated stress, life changes, and work challenges. Furthermore, the innate will to live and thrive is a force multiplier. Because it is innate, to enhance it will improve coping skills and resiliency, thereby improving mental and emotional issues. The weakness of the intelligence community lies in their unwillingness to interact with each other on an expanded collegial basis to form additional support systems that foster resiliency and wellbeing.

Being a predominantly introverted community, those closest to the intelligence warfighters are parents, siblings, or childhood friends in distant cities and states. These familiar support systems often become inadequate to support the service member emotionally and mentally because of separation and guidelines that prevent them from discussing work related concerns and issues. If the service member is struggling with work dissatisfaction or failure to adjust, confidentiality may prevent them from speaking with individuals within their childhood support system that are not privy to confidential information. This causes the intelligence and cyber warfighter to feel further isolated and continue to struggle with heightened stressors. These heightened stressors often manifest into unhealthy issues that degrade their morale and wellbeing. Furthermore, the service member fears appearing weak or a failure to his familiar support system.

An additional weakness of the intelligence and cyber community is the stigma surrounding mental illness. The current perception, by many, is to ask for help is a sign of weakness. Furthermore, the fear of discharge from the navy because of mental illness is



alarming. Other sailors fear losing security clearances, receiving other jobs outside of the intelligence community, or separation completely. These fears could prevent sailors from seeking help. The solution to this problem is to continue to remove the stigma surrounding mental health, stress, and suicide. The remaining solution is to build resiliency within service members and a philosophy that values life and seeks help to remain physically and emotionally well.

### **Ministry Journey**

Professionally, I worked in full-time ministry as a senior pastor for six years. In 2004, I assumed the pastorate of the Collins Chapel Christian Methodist Episcopal Church in Memphis, Tennessee. Collins Chapel had a membership of 450 members with an active attendance of 250. The pastoral assignment afforded me the opportunity to do vital ministry within the inner city, which was full of low-income housing projects, homeless individuals, and rescue missions. The church had a homeless ministry that fed more than 300 on Saturdays and provided religious support and financial assistance to those in need weekly. It was here that I was able to focus on ministry to the marginalized, oppressed, and broken.

Serving at Collins Chapel, I felt happy and fulfilled in ministry. I believed God had validated my decision to refuse a job offer at the Institute of Church Administration and Management and relocate to Tennessee to pastor Collins Chapel. However, this feeling of validation did not last long. During my second year at Collins Chapel, my marriage began to disintegrate leading me to file for divorce, because of irreconcilable differences. Neither of us was happy, and we became like two ships passing in the night.

We grew apart with different goals and dreams for our future. Because of the divorce, I felt dead inside. Most days I struggled to get out of bed, while gaining a considerable amount of weight. I felt that my life and ministry were over, and that I would never love again. I commented to a friend that the divorce felt like a reverse funeral — bereaved with the person still alive. He called a meeting with the Steward Board to ask if my removal from the pulpit was necessary to allow the ministries of the church to continue unimpeded. The Steward Board assured me that I had the support of the church. However, I felt ashamed and judged.

While I prayed for an amicable divorce, my ex-wife had other plans. Members of the church, family members, and our friends allowed my ex-wife to use them to tear down the kingdom of God rather than edify it. My heart and soul were on serving, but my divorce became a distraction from the primary purpose of the church — the preaching of the Gospel; however, most Sundays I did not feel like preaching. I felt crushed by the evil words and actions of people that I had loved, prayed, and cared for. I felt hurt by those I had shared community with as a church leader. I could understand Dottie People's gospel song, "He Meant It for My Good."

I felt like a failure in my marriage and ministry. How could I counsel young couples seeking to say I do? How could I lead God's house when I was unsuccessful in leading my own? How could I preach and teach when the spirit and word of God no longer resonated within my own life? I struggled for months, not being able to effectively lead public prayers, focus on sermon writing, teach Bible study, visit the sick and shut-in, and marry and counsel newlyweds. I struggled through the first wedding that I performed after announcing my pending divorce. I asked myself what advice and wise counsel could

a divorced pastor give to brides and grooms hoping to be successful in theirs. No matter how much I prayed and searched for God, I could not find or hear from God. For the first time in my life, I felt as if God needed to be located.

To make things worse, the church was in the middle of a major renovation project derailed due to a dishonest contractor. Before I realized there was an issue, the contractor swindled over \$30,000 and left major structural issues unaddressed. The trustees had been absent from the day-to-day task of overseeing the renovation project — thus placing the oversight strictly in my purview. They became even more absent as a solution needed to be determined. The members of the church questioned my ability to lead them during this crisis. I kept asking, “Where is God, and why has God forsaken me?” I felt an overwhelming sense of loneliness in my ministry and life.

Before long, the I felt the emotion of anger. I was angry at the world, my ex-wife, and the church that I had served with my heart and passion. Amid my loneliness and anger, God found me and restored my joy, song, and strength. God made me resilient amid extreme difficulties. God sent people to help me develop both professionally and personally. God sent persons like the Rev. Paquita Jackson after I asked her one Sunday to pray in my place, yet some things you must pray your own way through. God sent people like Bonnie Broussard and Maxie Cash to tell me that peace of mind will decorate everywhere. God sent individuals like Dean Marvin Frank Thomas, now a Bishop in the CME Church, to say there is life after a divorce, simply keep doing your Christian work.

Furthermore, God guided pastors like Dr. Virgil Caldwell to say, “Like God sent Aaron to walk with Moses, God will send someone to walk with you.” God sent Rev Jerry Crisp to say, “Tho chill and dark be your night, if you walk by faith and not by

sight, you will never walk alone.” God provided friends like Marcus and Michele to speak, “Those who care don’t matter, and those who matter don’t care.” My wilderness experience taught me that when an individual cannot see God, then the individual must trust God; when he cannot feel God’s presence, he has to trust God’s presence; and when he cannot see his way clear, he must believe his way clear. For God will never leave you nor forsake you. My divorce, subsequent life, losing my mother and father in the same year, losing the man I considered a second father, going broke and not knowing how I would eat, taught me how to be resilient. These things taught me foundational skills to persevere, bounce back, maintain my vitality and joy, and keep moving forward, believing the best is yet to come.

The foundational skills that taught me how to be resilient that I acquired in previous educational settings was of value to me. In these settings, I learned the importance of spirituality in holistic healing and resiliency. Spirituality is a sense of connection to something greater than the individual is; it involves an in-depth search for meaning and purpose in life. The *Oxford Dictionary* defines it as “The quality of being concerned with the human spirit or soul as opposed to material or physical things.”<sup>10</sup> Spiritual people find ways to meet the challenges of life and continue with purposeful living amid extreme disappointments and losses. In addition, spiritual people are more likely to engage in preventative habits and be more resilient than those with no sense of purpose or support.

Spirituality produces a byproduct called spiritual strength that enables an individual to overcome adversity and decrease the pain that accompanies difficult

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<sup>10</sup> “Spirituality,” Definition, Oxford Lexico, <https://www.lexico.com/definition/spirituality>.

experiences. Spirituality enhances resiliency and reminds individuals in moments of letdown that failure is a part of the shared human experience. Therefore, bitter moments become times of togetherness rather than isolation. Troubled, painful experiences can become bearable by recognizing that countless others have undergone similar hardships and now form a community of support thereby increasing resiliency.

Spiritual strength produces spiritual wellness.

Spiritual wellness means hope, positive outlook, and acceptance of death, forgiveness, self-acceptance, commitment, meaning and purpose. Also, clear values, sense of worth, peace, worship, prayer, and meditation.<sup>11</sup>

It involves seeking truth, harmony with oneself and others, eating healthy, loving and thinking of others, healthy sleep habits, and living a spiritually driven life.

The United States Marine Corps researched the concept of spirituality and resiliency, and established guidance on spiritual fitness. General Robert B. Neller, 37th Commandant of the United States Marine Corps said,

As America's force in readiness, we must be prepared to answer our nation's call on a moment's notice. A large part of that ability is our capacity for resilience. Regardless of the battle we just fought, we must be ready for our next success. Research indicates that spiritual fitness plays a key role in resiliency, in our ability to grow, develop, recover, heal, and adapt.<sup>12</sup>

He also said, "Steel your spirit so that you can better deal with adversity. Prepare yourself so that you will be ready for the decisive moment in combat."<sup>13</sup> The United States Marine

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<sup>11</sup> "Spiritual Wellness," Lifestyle, Center For Lifestyle Medicine And Wellness Care, <http://www.lifemedwellcare.org/docs/spiritual-wellness-lifestyle.pdf>.

<sup>12</sup> "Spiritual Fitness," ALMARS, Marines: The Official Webpage of the United States Marine Corps, October 3, 2016, <https://www.marines.mil/News/Messages/ALMARS/Article/962784/spiritual-fitness/>.

<sup>13</sup> "Spiritual Fitness," ALMARS, Marines: The Official Webpage of the United States Marine Corps, October 3, 2016, <https://www.marines.mil/News/Messages/ALMARS/Article/962784/spiritual-fitness/>.

Corps recognized that faith and spirituality play critical roles in mental toughness, winning wars, and enhancing resiliency. They also recognized the role that chaplains play in helping to teach resiliency and mental toughness.

### **Synergy**

As a teenager, I witnessed firsthand a close relative attempt to take her own life by suicide at the age of fourteen. As a pastor, I led members who experienced the devastating effects of suicide within their own home. These members struggled to find peace amongst a slew of unanswered questions and hurt emotions. The pain of losing their loved one by a self-inflicted wound lingered years after their suicide, and for some this caused severe emotional and mental disorders. As a military chaplain, I have provided command support to units who have known firsthand the crippling effects of suicide among their ranks. As a military chaplain, I have counseled numerous suicidal marines and sailors who saw no hope or alternative for dying. As one that has experienced deep emotional and spiritual hurt and brief depression, my heart aches for those who see no way out other than death by suicide. Many of the psychosocial stressors that plague them have also plagued me — without thoughts of suicide.

As one who grew up in a religious home, my mother instilled in me the importance of getting back up every time life knocked me down. I learned resiliency by emulating the examples of strong, spiritual, Black men and women within my community. These strong Black men and women taught me that with God all things are possible, and that our situations are never as bad as they first appear. Through the church, I learned the importance of faith and developing a relationship with God to sustain me

during difficult times. Furthermore, through family and friends, I learned the importance of having a support system to lean on and draw strength from in times of extreme difficulty.

During my divorce, my sustaining grace was my faith, family, and friends. These graces have carried me through difficult times and have brought joy ineffable. These three things I have relied upon throughout my entire adult life and they have given me confidence in the power of resilience. In 2 Corinthians 4:8-9, the apostle Paul says, “We are troubled on every side, yet not distressed: we are perplexed, but not in despair; persecuted, but not forsaken; cast down, but not destroyed.”<sup>14</sup> This passage of scripture reminds me of the power of resilience.

As human beings, individuals often experience high levels of stress, financial hardships, relationship problems, disappointments, losses of life that include both professional and personal interests, and hopelessness. Sometimes these thoughts of hopelessness, without resiliency, turn into thoughts of suicide. Within the military, the rate of suicide has consistently increased over a six-year period. In 2020, the situation became worse because of a pandemic that has killed over 271,308 and left countless others in isolation. My passion as a military chaplain is saving lives and building resiliency. My spiritual journey has afforded me a better understanding of why people struggle with psychosocial stressors and thoughts of hopelessness. However, my spiritual journey has also taught me how to be resilient in the face of unrelenting adversity and pain. As a chaplain, my mission is to help others by sharing the foundational skills to deal with life stressors that I have learned.

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<sup>14</sup> 2 Corinthians 4:8-9, New Revised Standard Version.

The topic that will be explored throughout this project is building resiliency in individual personality traits within the military intelligence community. Having served with the U. S. Marine Corps and Navy in operational (deployable) commands, the military intelligence community differs considerably in resiliency, mental toughness, and spirituality than the Marine Corps and Surface (sea) Navy. This difference is due to the different personality traits found within the intelligence community. It is my belief that the two predominant personality traits found within the intelligence community are introversion and neuroticism. Low on the resilience scale, service members with these traits often experience high levels of stress, depression, thoughts of hopelessness, suicidal ideations, and suicide. Their coping skills are often inadequate to handle life-changing events in a positive, healthy, and therapeutic manner, thereby, creating short and long term mental and emotional issues. As a predominantly introverted community, the military intelligence community struggles to establish and maintain healthy coping skills and support systems.

As a chaplain, I will use my biblical counseling skills to incorporate a biblical approach to teaching foundational coping skills to service members with low resiliency, within the military intelligence community, thereby reducing suicidal ideations and stress.

The nature of the project will involve a qualitative case study and a study of resiliency within different personality traits at NIOC GA. This will include an examination of suicidal ideations and their causes. In addition, I will evaluate suicide prevention and awareness programs that are effectively reducing suicidal ideations,



tendencies, and suicide. In addition, I will assess theologies of resiliency to provide a pastoral care and counseling model that builds and enhances resiliency.

As a chaplain within the intelligence community, I have counseled numerous service members who expressed suicidal ideations, tendencies, and attempts.

Furthermore, the number of suicidal ideations and suicides within the intelligence and cyber communities are disproportionate to other service communities. This disparity may be associated with the mental and emotional challenges associated with the growing need for electronic warfare and cyber security. Because the intelligence and cyber communities are classified communities, service members often feel the need to suffer in silence and fear losing their top-secret security clearance.

Moreover, many of the people who comprise this community have a desire to evaluate and study what is only visible and tangible. This community is scientific, inquisitive, and skeptical. There is an undeniable head-over-heart philosophy that wrestles with religion and spirituality. Resistant to believe in the unseen and reclusive in personality, many within the intelligence community lack a foundation from which to draw strength from during tumultuous periods. This leads to feeling isolated and overwhelmed by minor and major life stressors. The result is an overwhelming sense of stress, depression, hopelessness, and suicidal ideations.

Throughout this project, I will seek to better understand the causes of suicidal ideations within the intelligence community and provide effective counseling methods to build resiliency within different personality traits. During twenty-one months at the Navy Information Operations Command Georgia, I have encountered the highest number of suicidal ideations in my eleven-year military career. In one year, NIOC GA lost eight

individuals to suicide. These deaths happened, partially, due to the lack of individual resiliency and mental toughness within the intelligence and cyber communities.

### *Objectives*

At the end of the research project, military chaplains will be able to:

- Examine the different levels of resiliency with individual personality traits.
- Examine the psychosocial stressors associated with suicidal ideations.
- Analyze the current methods of suicide prevention and awareness training.
- Engage in methods of assessment for resiliency.
- Engage in methods of assessment for suicidal ideations.
- Examine case studies to evaluate the effectiveness of existing resiliency models for suicide prevention
- Suggest a pastoral care and counseling model to teach foundational coping skills and resiliency with the military intelligence community.

In my ministry context there is an overwhelming need to sustain life by preventing suicide. This need is clearly visible by leaders at every level within the military. Therefore, several initiatives exist with the sole purpose of providing counseling and preventative resources for those struggling with suicidal ideations. From mental health clinicians to suicide prevention professionals and targeted programs, the military has invested countless dollars into suicide prevention and awareness. The Marine Corps, through extensive research, recognized the important role that spirituality plays in resiliency and mental toughness. With the latest research and initiatives, there is still a

significant divide in caring for the mental and emotional wellbeing of military service members.

The problem in my ministry context is a relationship exists between low levels of resiliency in individual personality traits such as introversion and neuroticism that contribute to the inability to process psychosocial stressors. This inability to process psychosocial stressors leads to high levels of stress, depression, suicidal ideations, and suicide. Additionally, the lack of spirituality within my context contributes to an insufficient support system that is incapable of enhancing or sustaining resiliency. Without medium to high levels of resiliency, service members within the intelligence community struggle with life stressors and life sustaining choices.

My hypothesis is if a pastoral care and counseling resiliency model is developed that teaches coping mechanism, then chaplains can help service members begin addressing suicidal ideations. Research and science support the importance of spirituality in mental health, thriving, and fitness. Spirituality does not require religious faith, but is an ever-present connectedness to oneself, to others, or to an entity that is transcendent, such as God, nature, or the soul. It helps reduce stress and allows individuals to be more at peace, happier, and healthier.

## **Conclusion**

In conclusion, my goal is to present a pastoral care and counseling model that teaches spirituality to enhance resiliency thereby preventing suicide within the military intelligence community. If service members develop a spiritual base, problems will become opportunities for growth and learning rather than incapacitating obstacles. My

project will focus on the military intelligence community and the two predominant types of personalities, introversion, and neuroticism, that make up this community.

Furthermore, my project will explore introducing spirituality as a coping skill to a scientific community with desire to evaluate and study what is only visible and tangible.

Often scientific, inquisitive, and skeptical, there is an undeniable head-over-heart philosophy that wrestles with religion and spirituality. Resistant to believe in the unseen and reclusive in personality, many within the intelligence community lack a foundation from which to draw strength from during arduous times. This project will seek to enhance resiliency by providing a base called spirituality.

## **CHAPTER TWO**

### **BIBLICAL FOUNDATIONS**

#### **Introduction**

The scripture chosen for this biblical foundation paper is Job 19:1-27. This text supports the focus of my research project: building resiliency through spirituality to decrease suicide. The hypothesis is: if a pastoral care and counseling resiliency model is developed that teaches spirituality as a coping mechanism for different personality traits, then suicidal ideations within the military intelligence community will decrease. Job 19:1-27 demonstrates the relationship between spirituality and resiliency. In this text, we see the human heart's ability to suffer greatly and recover from it. Furthermore, we observe through the biblical character Job the capacity of humankind, through personal resilience and spirituality, to process psychosocial stressors that affect morale and wellbeing.

According to the Department of Defense 2019 Annual Suicide Report, there were 498 suicides among active-duty personnel in 2019. This number represents a six-year high within the Armed Forces.<sup>1</sup> In examining the various causes of suicide, suicidal service members have expressed similar psychosocial stressors that Job encountered

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<sup>1</sup> "Annual Suicide Report," Reports, Defense Suicide Prevention Office, August 20, 2020, [https://www.dspo.mil/Portals/113/2018%20DoD%20Annual%20Suicide%20Report\\_FINAL\\_25%20SEP%2019\\_508c.pdf](https://www.dspo.mil/Portals/113/2018%20DoD%20Annual%20Suicide%20Report_FINAL_25%20SEP%2019_508c.pdf).

throughout the book of Job. Job's life compares to the existential predicaments of being human in a flawed world. Furthermore, it provides a model for resiliency and recovery.

Throughout this paper, I will examine the biblical character Job, his human suffering, his response to his misfortune, and his recovery from adversity through spirituality and resiliency. Furthermore, I will draw comparisons between Job's calamities and present-day human suffering that include psychosocial stressors, overwhelming stress, suicidal ideations, and suicide. Through contextual analysis, I will provide background information on the chosen text and present historical information that establishes a relationship between the subject of my research project and Job.

Throughout the Bible, men and women have struggled with depression, suicidal ideations, and suicide. Several biblical characters have committed suicide:

- Abimelech: After having his skull crushed under a millstone, dropped by a woman from the Tower of Shechem, he called for his armor-bearer to kill him with a sword. He sought to avoid having it said that he died by the hand of a woman.
- Samson: By collapsing a building, with him inside, Samson took his own life. In the process, he destroyed thousands of Philistines with his death.
- Saul and his armor bearer: After losing his sons and all his troops in battle, King Saul's mental capacity waned. With his sanity depleted, King Saul ends his life with the assistance of his armor bearer.
- Ahithophel: Disgraced and rejected by Absalom, Ahitophel went home, put his affairs in order, and hung himself.
- Zimri: Rather than becoming a prisoner, Zimri set the king's palace on fire and died in the flames.
- Judas: After betraying Jesus for thirty pieces of silver, Judas goes into an open field and hangs himself.

Throughout the Bible, other individuals have struggled with depression, stress, anxiety, tragedy, and suicidal ideations:

- Elijah: Overwhelmed by his circumstances and suffering, he reached a point that he no longer wanted to live. He asked the Lord to take his life.
- King David: Troubled and perplexed, he became overwhelmed with sadness and grief and was unable to sleep. Furthermore, his temperament became erratic and his disposition was up and down.
- Heman son of Korah: Because of his circumstances, he believed God abandoned and betrayed him. He speaks of being in a dark place.
- Jeremiah: Known as the weeping prophet, he complained that he cried until there was nothing left to shed.
- Job: Job loses his considerable wealth, family, health, and his friends tormented him. He writes a depressing poetry that says depression haunts all his days and his body is full of pain. The book that bears his name is the oldest book in the Bible and is all about suffering.

Job's story closely relates to the issues facing the military intelligence community. In studying Job, we glean a biblical perspective in coping with suffering and sickness and a model to address stress, depression, suicidal ideations, and suicide. Studying Job will provide a model for personal resilience. Furthermore, an examination of Job will provide encouragement for individuals experiencing adversity.

The book of Job, in its entirety, delves into issues near to the heart of every human who experiences suffering, overwhelming stress, debilitating thoughts, and suicidal ideations and attempts, while addressing the age-old question, "why do bad things happen to good people." A study of the selected text will examine the relationship between spirituality and resiliency. Throughout this paper, I will seek to concentrate on the following concepts while providing biblical exegesis and insight:

- Pain inevitably afflicts each of us.

- Suffering is unavoidable in this life.
- Our relationship with a higher being sustains us during arduous times.
- Spirituality fosters resiliency.

### **Exegesis**

At its beginning, Job appears to be a book about human suffering. By its conclusion, the true subject of the book emerges: God's sovereignty, character, and humanity's trust in God. In Job, we see the most horrible and difficult situations of human existence: tragic loss of life and possessions, marital trouble, estrangement from family and friends, condemnation, and overwhelming depression. In Job, we see a rich, righteous, and content family man, with everything that he could want in life with God but suddenly suffers severe misfortune. He experienced tremendous loss, financial and emotional devastation, and physical illness. He lost his children, economic wealth, and his wife told him to curse God and die. His three friends condemn him as a sinner and one who is unfaithful to God. He is alone and lonely with no family or friends to understand his situation. He remains faithful to God throughout his entire ordeal because of his spirituality.

The book of Job makes no mention of its author and gives no clue to his identity. Rabbinic tradition ascribes Moses as the author since the land of Uz was adjacent to Midian where Moses lived for forty years. According to the War Scroll, a collection found within the Dead Sea Scrolls, the land of Uz existed beyond the Euphrates, possibly in relation to Aram. In Column 2 verse 11, it is noted, "they shall fight against the rest of



the sons of Aramea: Uz, Hul, Togar, and Mesha, who are beyond the Euphrates.”<sup>2</sup>

According to Ezekiel and James, Job was a real person who was around seventy-years old when the events unfolded (Ezek 14:14-20; James 5:11). He was a righteous man in God’s eyesight and a respected and popular figure of his area. His calamities were a result of God initiating his test.

The anonymous author of Job was probably an Israelite, although he has set his story outside Israel in Southern Edom or Northern Arabia and alludes to places as distant as Mesopotamia and Egypt. The land of Uz is later associated with the territory of Edom (Lam 4:21), which is near the Southeast area of the Dead Sea towards the upper Sinai Peninsula. This area is east of Egypt and just north of the Red Sea. Although the area is no longer rich in resources, at the time of Abraham, it was rich in resources that included water, making it inhabitable and desirable to be an inhabitant there.<sup>3</sup>

The book of Job is part of the Old Testament collection of Wisdom Literature along with Proverbs, Ecclesiastes, and the Song of Solomon. Like the other Wisdom books, Job is primarily composed of poetry; yet, the book of Job stands in strong contrast to the book of Proverbs. Many scholars believe the book of Job is to correct a possible misunderstanding of the message of Proverbs. Unlike Proverbs or other Wisdom Literature, to comprehend the book of Job, the reader best understands it by reading it as a whole.<sup>4</sup>

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<sup>2</sup> “The Land of Uz,” Days of Praise, Institute For Creation Research, March 27, 2017, <https://www.icr.org/article/9848/>.

<sup>3</sup> “The Land of Uz,” Days of Praise, Institute For Creation Research, March 27, 2017, <https://www.icr.org/article/9848/>.

<sup>4</sup> “Introduction to the Book of Job,” The Voice, Christian Resource Institute, 2018, <http://www.cri-voice.org/books/job.html>.

The name Job comes from the Hebrew word *ʾalyo, b* for persecution, thus meaning persecuted one.<sup>5</sup> In addition, the Arabic word for Job means repent, thus bearing the name repentant one.<sup>6</sup> The name Job signifies one hated, counted as an enemy, and one that grieves or groans. Because of his calamities and suffering, he becomes tired of living. Individuals who have lost loved ones or experienced similar calamities and misfortunes often turn to the book of Job for encouragement and wisdom to deal with suicidal thoughts amidst suffering.

The purpose of Job 19:1-27 is to demonstrate the fragility and suffering of humanity, the inadequacy of human reason to account for the suffering of the innocent, and the resolute moments when we must believe in a God whose workings we cannot fathom. Job emerged from his trial with a newfound appreciation for God's sovereignty and sufficiency for the faithful. Although the book never explains why the righteous suffer or why bad things happen to good people, we see the role that faith and spirituality plays in overcoming adversity and suffering.

Throughout the book, Job complains about the treatment, silence, and banishment of God. Before the conclusion of the book, Job is sitting outside in ashes to help relieve the discomfort associated with his sores. He is in excruciating pain, and he feels as if his life is slipping away. He blames God exclusively for his misfortunate and physical and emotional agony. After being sick with no relief from God, he believes that death is the solution to ending his trouble. Although he sees dying as a termination to his suffering, he believes his final resting place will be in darkness and gloom. Despite his feeling of

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<sup>5</sup> Bible.org, "The Poetical Books," [bible.org/seriespage/poetical-books](http://bible.org/seriespage/poetical-books).

<sup>6</sup> Bible.org, "The Poetical Books," [bible.org/seriespage/poetical-books](http://bible.org/seriespage/poetical-books).

alienation from God, Job continues to pray and his faith remains intact as he endures severe suffering and depression. Although Job cannot feel or see God's presence, he trusts in God's presence.

Concerning the historical setting of the book of Job, minimal background information is available concerning the origins of the book. Scholars agree that the book of Job dates back to the 7th and 4th centuries BCE, with the 6th century BCE as the most likely period. However, no conclusive date is definitively given. However, recent archeological findings have discovered paraphrased copies of Job dating back to 200-100 B.C. Many biblical scholars propose three different periods: early eighth century B.C. (around the time of Isaiah), mid-sixth century B.C. (after the fall of Jerusalem), and the fourth to third century B.C. (at the time of the second temple). Other scholars suggest an even later period of 2000-1800 B.C.<sup>7</sup> Moreover, the date of the book's writings may be much later than the events recorded within the book. This conclusion is based on:

- Job's age found within the text (Job 42:12).
- His life span of nearly 200 years, which fits the patriarchal period (Job 42:16).
- The social unit being the patriarchal family found within the Old Testament.
- The Chaldeans who murder Job's servants were nomads who had not become city inhabitants.
- Job's wealth measured in livestock rather than gold and silver (Job 1:3; 42:12).
- Job's priestly functions within his family found within the text (Job 1:4-5).

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<sup>7</sup> A. Kenneth Abraham, *The Matthew Henry Study Bible, King James Version* (China: Thomas Nelson, Inc., 1997), 770.

- Cultural and historical references made by Job throughout the book place the events after Babel.<sup>8</sup>

Despite the level of uncertainty surrounding the book of Job's origin, the character Job appears in the 6th century B.C. book of Ezekiel. In Ezekiel 14:14, 20, Ezekiel speaks of "Noah, Daniel, and Job" as great righteous men of the past. Later additions to the story of Job are included within the final composite. Certain books, such as chapter 28 and 42, appear not as a part of original work. The author of the poetic discourse, or someone else who wished to make the book sound more orthodox, introduce their own struggles about life's most perplexing problems and added certain books within Job.<sup>9</sup>

Although the book of Job is about Job, he does not write the book. Job himself could not have written all of it because of the inclusion of the record of his death (Job 42:17). The belief is that the author is of Jewish descent because of the numerous references of Yahweh which is the Jewish name for God. The major theme of the book is where is God in human suffering? Although the author writes the book of Job in the form of a dramatic poem, it is a true story about an individual experiencing the worst pains of human existence. The purpose of the book is to convey human afflictions do not repudiate a righteous character. Furthermore, the book of Job deals with theodicy, meaning why God allows evil in the world.

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<sup>8</sup> Discover the Books of The Bible, "Book of Job," <https://www.bible-studys.org/Bible%20Books/Job/Book%20of%20Job.html>.

<sup>9</sup> John H. Tullock, *The Old Testament Story*, 4<sup>th</sup> ed. (Hoboken, NJ: Prentice Hall, 1997), 319.

The book of Job begins with Job as a wealthy and God-fearing man with a comfortable life and a large family. The text says that he is perfect and upright, which means he is an honest man aiming at perfection. Job himself confirms that he is not perfect in (Job 9:20) by saying, “If I say I am perfect, I shall be proved perverse.” Although Job is not perfect, he avoided all aspects of sin and activities associated with sin because of his love and fear of God.

On one occasion, Satan, like the other angels, appears in heaven before God to distract the angels or to present himself before God. Theologians are unsure as to Satan’s initial motives for appearing before God. Although God initiates Job’s test and subsequent suffering by asking Satan if he has considered his servant Job, Satan carries out each test. The Hebrew word for Satan is accuser and adversary.<sup>10</sup> In the book of Job, Satan serves as an accuser by saying that Job has only been faithful because God has blessed him with material possessions. He tells God that if Job is penniless and he loses his family, that he will surely turn from God. God permits Satan to test Job but excludes his physical health and safety. Test by test, all that Job had acquired is lost through catastrophic disasters.

Job loses all of his worldly possessions, including his seven sons and three daughters. The loss of one child is enough to render an individual emotionally, mentally, spiritually, and physically paralyzed. To lose ten children within the same day and time must be devastating for anyone, including Job. Job’s children were his blessings; it was a comfort to Job to see all of his children grown and settled within their own life and

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<sup>10</sup> Donald K. McKim, *Westminster Dictionary of Theological Terms* (Louisville, KY: Westminster John Knox Press, 1996), 248.

independence. Disaster occurs while his children are together in one place and they all perish. We see the extent of Job's sorrow in Job 1:20 when Job rent his mantle and shaved his head, which is an expression of great sorrow. Furthermore, in Job 2:13, Job's three friends sat with him on the ground for seven days and seven nights in silence because they saw his grief was great.<sup>11</sup>

Servant after servant appears before Job, reporting of his economic collapse through disastrous events. Throughout his financial demise and the loss of his children, Job remains faithful to God — never once questioning his misfortune. Again, God initiates a test of Job by asking Satan if he has considered his servant Job. Satan tells God that if his health declines, Job will surely turn from him. God permits Satan to afflict Job with an inflammation of boils. While sitting outside in ashes, scrapping his own sores to find relief from his affliction, his wife tells him to curse God and die. Job has lost his finances, children, health, peace of mind, and now his wife abandons him. Again, Job maintains his integrity by asking shall we always receive good from God and never evil.

In response to Job's misfortune, three of his friends – Eliphaz the Temanite, Bildad the Shuhite, and Zophar the Naamathite – show up to grieve with Job. After seven days and seven nights of sitting with Job on the ground in silence due to Job's enormous grief, Job curses the day that he was born. His speech essentially means that he wishes that he was never born and that he preferred death rather than life. His statements are that of a depressed and suicidal person dealing with tremendous grief, stress, insecurity, financial ruin, marital issues, and physical sickness.

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<sup>11</sup> *The Adam Clarke Bible Commentary*, "Job 1," <https://www.studydrive.org/commentaries/eng/acc/job-1.html#verse-20>.

Although Job's three friends traveled to Uz with intentions of consoling him, they oppress him even more by accusing him of sinning against God. Their view of suffering is cause and effect. In biblical times, cause and effect, as it relates to suffering, is an individual commits an act of sin and God delivers suffering as punishment in response to their sinful actions. It is their belief that God does not send misfortune to those who live righteous. His three friends take turns implying that he has committed an act of sin for the evil that God has visited upon him. In addition, Bildad suggest that Job's suffering was in response to sins his children committed. He implied that Job needed to search for God, repent, and his suffering would end.

In order to understand the logic of Job's three friends and the rationality found within the book of Job, understanding three principles of Job's day are crucial. First, God was just and gave justice to humanity. Second, this life was all there was; when people died, they went to Sheol because there was no life after death with rewards or punishments for how an individual lived. Third, if justice was to be done, it had to be in this life, here on earth. These beliefs lead to certain conclusions. First, good people prospered, while the wicked suffered. Second, sickness was a sign that a person had committed an act of sin.<sup>12</sup>

Additionally, the accusations of Job's three friends might have been in reality their own sins. The Bible says that all have sinned and fallen short of the glory of God.<sup>13</sup> Job's three friends were not innocent of sin as Job himself acknowledged about his own life. However, neither friend empathized with Job by expressing his own faults and

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<sup>12</sup> Tulluck, *The Old Testament Story*, 319.

<sup>13</sup> Romans 3:23.

failures. Each friend approached Job's situation from a self-righteous point of view accusing Job of his own potential sins.

In Job 19:1-27, Job responds to his friend Bildad's rebuke and pronouncement of ruin upon him. Bildad concluded that Job disregarded the role that the wisdom of God plays in the management of human affairs because he would not admit that he was wicked and guilty of sin. With a taunting description of the punishment that the wicked must suffer, Bildad tells Job of the miserable condition of a wicked man. Without directly saying so, he tells Job that the same will befall him if he does not repent. In addition, Bildad tells Job of the destruction wicked people are subject to in the present world in which we live and the world to come. However, Bildad, Eliphaz, and Zophar were completely mistaken in their assessment of human suffering and Job's misfortune and righteousness. Before God permitted the tempter Satan to test Job, he is indeed blameless, as he argues.

In the nineteenth chapter of the book of Job, Job responds to his three friends by accusing them of attacking God when they speak evil against him. Furthermore, he defends his righteousness and reaffirms his confidence in God. In this chapter, he expresses the deepest faith possible for a believer in his day from the midst of the deepest despair a human could experience. In Job 19:2, Job complains that his three friends have completely misunderstood him and his situation and have tortured him with their repeated accusations.

Bildad's speech in the eighteenth chapter had been harsh and cruel and lacked empathy. It was offensive, insensitive, and did not take into consideration the feelings of Job. Furthermore, Bildad had infused personal malice into the charges he issued in



chapter eighteen. The accusations of Bildad inwardly tortured Job, piercing the heart and soul of Job. He had not expected his three friends to accuse him of such evil acts as he grieved his losses. Their accusations made a bad situation even worse. Job responds to Bildad's criticism by asking how long he would agitate him.

The phrase "ten times" in Job 19:3 means often. As they all took turns accusing Job, it must have felt their interrogation would never end. They were viciously attacking his character without listening to his defense. With no regard for his suffering, sickness, or present condition, they abused him with their words. They were unapologetic of their actions because they believed their understanding of sin and suffering was accurate — meaning Job was guilty of sin and not being truthful about his actions. Their tone was harshened because Job refused to admit any wrongdoing. It infuriated them that Job had not heeded their advice and repented of his mistakes, thereby, making every conversation harsher than the previous one.

In Job 19:4, Job realizes that Bildad is speaking directly to him, although he never calls Job by name. Job replies to his condemnation upon him by saying that if he has sinned, he deserves their pity, not their reproaches. Furthermore, he says to them that if he has sinned, he will pay for his own sins, not them. He tells them that sin is between God and the person guilty of sin. No one is responsible for the sins that someone else has committed. Job tells Bildad that his sins are his alone and not the concern of his three friends.<sup>14</sup>

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<sup>14</sup> Robin M. Van L. Mass, *Genesis to Revelation: Job* (Nashville, TN: Abingdon Press, 2017), 36-42, ProQuest Ebook Central.

In verses 5-6, Job says God is responsible for his suffering because he had not committed misconduct and was innocent of being contrary to God's will. By this point Job is frustrated with his three friends and their repetitive accusations against his character. His response is full of contempt against them and their words. He had attempted to reason with them by saying he had not done anything amiss. Job's assertion that God was responsible for his suffering was accurate. It was God who asked Satan if he had considered his servant Job in Job 1:8. Furthermore, God gives Satan permission to test Job. In Job, Satan does not possess the power to test or afflict Job. It is only after receiving authorization that Satan has permission to test Job. In Job 2, God once again asks Satan if he has considered his servant Job (Job 2:3). Again, God gives Satan permission to test Job, excluding taking his life.

In Job 19:7, Jobs says, "Even when I cry out, 'violence!' I am not answered; I call aloud, but there is no justice."<sup>15</sup> According to Jerome Creach, violence in the Old Testament generally referred to God or human beings killing, destroying or doing physical harm.<sup>16</sup> It can appear at various levels, both individually and collectively.<sup>17</sup> When Job says, "I cry out, violence," he is saying his situation is urgent and a matter of life and death, but God fails to respond.

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<sup>15</sup> Job 19:7

<sup>16</sup> Jerome F. D. Creach, "Violence in the Old Testament," *Oxford Research Encyclopedias*, July 2016, <https://oxfordre.com/religion/view/10.1093/acrefore/9780199340378.001.0001/acrefore-9780199340378-e-154>.

<sup>17</sup> Pekka Pitkanen, "Violence in the Hebrew Bible," Bible Odyssey, <https://www.bibleodyssey.org/en/passages/related-articles/violence-in-the-hebrew-bible>.

In verse 8, Job describes his situation as being in “darkness,” which is tantamount to being in captivity.<sup>18</sup> He feels as if he cannot escape from his present suffering and misfortune. No matter how much he seeks God’s presence and pleads with God to change his condition, he believes God has abandoned him in captivity. He feels that he is not physically or spiritually free. Prior to stating that he was in darkness (verse 8), he says, “He hath fence up my way that I cannot pass.” Job’s darkness was his captivity and imprisonment in suffering, grief, loss, and shame.

In verses 7-8, Job declared the suffering he endured was undeserved and God oppressed him. He also says his three friends, who came to comfort him, oppressed him with their words and judgement. He believes that God will deal with him according to God’s sovereign power and blameless justice. However, he states there is no judgement or sentence for the wrong they think he has committed because God will not hear his case or pass judgment. Because there is no judgement or sentence, his suffering is endless. He says he cried out to God, but God has not heard him. It baffles him that God refuses to hear his case and to pass judgment so his suffering would end. This God was not the God that he personally knew. The God that he knew dealt justly with him and rewarded him for his righteous living. Job tells God that his suffering was undeserved; however, he feels God is not choosing to judge his case.

In verse 8 of this text, Job saw the hand of God cutting off all hope of him returning to his former glory free from his suffering. Before his test begins, Job had been one of the richest and most influential men in the East. However, he is now sitting on the

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<sup>18</sup> David Guzik, “Job 19 – Job’s Answer to Bildad: ‘I Know that My Redeemer Lives,’” Enduring Word, 2019, <https://enduringword.com/bible-commentary/job-19/>.

ground in financial ruin, sick, and tormented with words by his three friends. He could no longer see a bright future or endless possibilities for his recovery. His standing within the community is lost, and those around him have abandoned him. His family and friends have failed him, and because God is providing no clarity or light as he calls it, he is unsure as to what his actions should be. He sees no way out. This is the one of several stages of suicide that individuals who survive express. Survivors of suicide express they felt there was no way out of their present suffering or current situation.

The text implies that Job wrestled with suicidal ideations because he cursed the day that he was born (vs. 3). Job says,

Let the day perish wherein I was born, and the night in which it was said, there is a man child conceived. Let that day be darkness and the shadow of death stain it; let a cloud dwell upon it; let the blackness of the day terrify it.<sup>19</sup>

The entire third chapter of Job is his speech on why he no longer wanted to live. In Job 3:11, he is angry and questions why God did not take his life from him on the day that he was born. His situation, grief, and suffering have overwhelmed him to the degree he is exhausted with living and desires to end his life. There is no regard for his life, his personal well-being, or the well-being and future of his wife and remaining family. He is depressed to the point that some psychiatrist would say he is suffering from severe depression. However, his personal resilience and spirituality sustains him throughout his adversity. This fact is proven later in chapter 19 verse 25 when he says, “I know that my redeemer liveth.”<sup>20</sup>

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<sup>19</sup> Job 3:3-5.

<sup>20</sup> Job 19:25.

In verse 9, Job states that his wealth, honor, prestige, power, and opportunities have diminished from him. His children, which were his blessings and glory, died out of due time and season. This assigned him the task that no parent prays for — laying their child to rest, who actually should bury them. What remained after everyone and everything was gone was a bitter wife who encouraged him to renounce his faith, curse God, and die.

In verses 10-12, Job says God had broken him down on every side. He uses the metaphor of a fortified wall. He compares his suffering and attacks to that of a city under siege. During war in the Old Testament, the walls of the city, during an attack, crumbled and the city was left in ruins. Job likens his present suffering to a city overtaken and left in ruins. His hopes of living a godly, prosperous, and happy life no longer lingers; instead, sorrow, pain, and rejection remain. He is the shell of what once was, including the shell of a man. Like those dealing with suicidal ideations, Job has lost his hope of rebounding from his present situation filled with grief and hardship. Within the same verse, he changes his metaphor to that of gardening by speaking of being rooted up like a tree.<sup>21</sup> This metaphor still speaks to his feeling of destruction by God.

In addition to violence and darkness, Jobs considers his hope to be “uprooted” like a tree. This reference indicates that Job believes his chance at restoration is nonexistent, and all is lost. *Albert Barnes Bible Commentary* states, ‘his hopes of life and happiness, of an honored old age, and of a continuance of his prosperity, had been wholly

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<sup>21</sup> John E. Hartley, *The Book of Job* (Grand Rapids, MI: William B. Eerdmans Publishing Company, 1988), 195, ProQuest Ebook Central.

destroyed.”<sup>22</sup> His present situation destroyed his hope of a better day and left him pessimistic about his future. Furthermore, he considers himself to be an alien — meaning he is despised by his own relatives, friends, and acquaintances. They all despise and reject him openly. He is a reject and castaway in his own house and to his own people.<sup>23</sup> When Job cries out for “pity,” he is begging God for mercy. Job repeats this word twice in verse 21. Pity, contracted from the word piety, is a kindhearted feeling for those in distress or misery. It is synonymous with compassion. Pity is referenced 178 times in the Old Testament.<sup>24</sup> Job begs God for mercy, because only God can answer his cry and give relief to his situation. Although his hope is gone, he still believes that God exists, and that God is powerful and able to meet his needs. This suggests the resiliency within Job, even in dire circumstances. He still believes in God and God’s sovereignty.

In verses 10-12, Job believes that God is sending God’s wrath upon him. He feels like an enemy of God with God advancing his troops in countless numbers in attack against him. This attack is like an army besieging a fortified city. The fight to overcome the fortified city walls is brutal. The word brutal best describes the attack that Job felt God was sending upon him. By referencing himself as a tent rather than a city, in verse 12, Job conveys his perception of the brutality of God’s attack upon him.<sup>25</sup> In Job’s discernment, God was not dealing with him in a merciful manner but had chosen to

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<sup>22</sup> “Job 19:10,” Albert Barnes Bible Commentary, BibliaPlus, <https://www.bibliaplus.org/en/commentaries/4/albert-barnes-bible-commentary/job/19/10>.

<sup>23</sup> “Job,” *Coffman’s Commentaries on the Bible*, StudyLight, <https://www.studylight.org/commentaries/eng/bcc/job-19.html>.

<sup>24</sup> James Orr, “Pity,” *International Standard Bible Encyclopedia*, Bible Study Tools, <https://www.biblestudytools.com/encyclopedias/isbe/pity.html>.

<sup>25</sup> Hartley, *The Book of Job*, 195.

reprimand him severely for sins that he had not committed. Although Job believed that God was treating him as an enemy, he still believed that God loved him as a believer and ardent follower of God.<sup>26</sup>

In verses 13-16, Job complains that his family, friends, and servants have abandoned him. He believes they left him because it is their understanding he has sinned against God; therefore, God is punishing him. They are unable to deal with his physical appearance and odor because of the boils that Satan has inflicted upon him. He is outside, sitting in ashes, scrapping his sores with a broken piece of pottery to gain relief from his suffering. His boils are leaking; and later in the book of Job, he mentions having to change clothes frequently because his sores are seeping and sticking to his clothes (Job 30:18).

Job is likely feverish and lethargic because of his disease of boils. Boils was a localized inflamed swelling of the body with ghastly physical reactions. His body is said to have been covered with itchy, irritating sores which made his face unrecognizable (Job 2:12) and caused continual burning pain. His sores were also infested with maggots (Job 7:5) and his breath reeked of a foul odor (Job 19:17). His sleep was disturbed and his nervous system weakened, which caused him to sit in ashes. Furthermore, he probably required assistance to move because of his weakened condition. Various diagnoses have been made of his condition, but most likely, it was a form of the disease known as Oriental Sore or Bagdad Boil. The intensely itchy sores are multiple, affecting the face, hands, and other exposed parts in this condition.<sup>27</sup>

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<sup>26</sup> Abraham, *The Matthew Henry Study Bible, King James Version*, 790.

<sup>27</sup> International Standard Bible Encyclopedia, "Boil," <https://www.studydrive.org/encyclopedias/eng/isb/b/boil-1.html>.

Because of his torment and physical condition, Job is alienated from the community that produced him and forced to deal with his suffering alone. His biological brothers, generally connected by a tight bond in patriarchal society, have also abandoned him. His trusted friends are now strangers that deny him and refuse to visit and provide assistance. His relatives and associates have departed, leaving him alone to tend to his own sores. His wife, also devastated by the loss of her children and financial stability, is disgruntled and of no support to him. His servants have also departed because he is incapable of providing them with wages.

In verse 17, Job says that his breath is repulsive to his wife. Because of his disease, known as boils, Job was experiencing multiple symptoms, which also included horrendous breath. This condition further divided him from his spouse and children. In the first chapter of the book of Job, we learn that his ten children perished while all together in the oldest brother's house. The children that he refers to in Job 19 verse 17 may have been children by concubines, grandchildren, children by another marriage, or orphans that he raised. Due to his breath and skin covered in seeping sores, his family avoided him and refused to be his caregivers. Job felt ostracized by God, his family, his friends, and his community.

In verses 18-19, Job says he arose meaning he stood up from his seat to show his respect for them, although they were subordinate to him. He does this to show God that he is ready to accept the low condition that God has chosen for him. Job says the children spoke against him, which may mean they were disrespectful by saying things they heard adults saying about Job in private. Additionally, they may have commented on his grotesque appearance or foul odor. Moreover, Job says all his friends detest him and have



turned against him. Prior to his test, his family, friends, and servants surrounded him. Now that he is afflicted, everyone has abandoned him. This was hurtful to Job because he considered them true and trusted friends. He calls them “inward friends,”<sup>28</sup> which means they were intimate friends, who knew his deepest affairs, and that he loved and shared community with in both personal and professional settings.<sup>29</sup>

In verse 20, we get an image of Job’s physical appearance. He says his bones stick to his flesh. His weight has decreased to almost nothing but skin and bones. Because he is possibly running a fever, lethargic, severely depressed, left with no servants or family to feed him, and has no appetite, he has probably not eaten much if anything. He is weak, frail, and afflicted. His physical appearance was that of a malnourished individual. Job feels as if he has narrowly escaped death with little to spare.

Recorded in verses 21-27 is Job’s plea for help and his proclamation of assurance. Job appeals to his friends to have compassion on him. Dealing with his suffering was hard enough, but the suffering was made worse by not having the support of those around him. He asked his friends not to add to his suffering but to have mercy on him. He asked them why they were oppressing him like God. For him, whatever he had done to offend God was between him and God; but he could not understand what he had done to offend them. Job wished that his story was engraved on a rock so all would know and remember that he had not sinned to the degree of his suffering.

When Job cries out for “pity,” he is begging God for mercy. Job repeats this word twice in verse 21. Pity, contracted from the word piety, is a kindhearted feeling for those

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<sup>28</sup> Job 19:19.

<sup>29</sup> Hartley, *The Book of Job*, 197.

in distress or misery. It is synonymous with compassion. Pity is referenced 178 times in the Old Testament.<sup>30</sup> Within this verse, we see what Job is seeking. He is seeking human sympathy and understanding. Job is seeking relief.<sup>31</sup> Job begs God for mercy, because only God can answer his cry and give relief to his situation. Within this dialogue we see Job's emptiness, misery, darkness, internal and physical anguish, bitterness, self-loathing, and despair. His spiritual pain is his greatest pain as his pleas to God go unanswered.<sup>32</sup> Although his hope is gone, he still believes that God exists, and that God is powerful and able to meet his needs. This suggests the resiliency within Job, even in dire circumstances. He still believes in God and God's sovereignty; and that God will move from being his accuser to being his defender and deliverer.<sup>33</sup>

In the midst of his suffering, alienated by those around him that he loved and trusted, and sick with a horrendous disease, Job declares that he knows that his redeemer lives. The redeemer he spoke of was God who would champion his cause and vindicate him. His redeemer was more than an arbitrator or witness in heaven, but a Kinsman-Redeemer who will avenge him. The term Kinsman-Redeemer is a title assigned to God. It is rooted in the interpretation of Israel's deliverance from Egyptian bondage. The theology of this title speaks to how God brought Israel into existence as a nation and

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<sup>30</sup> James Orr, "Pity," *International Standard Bible Encyclopedia*, Bible Study Tools, <https://www.biblestudytools.com/encyclopedias/isbe/pity.html>.

<sup>31</sup> John C. L. Gibson, *Job* (Philadelphia, PA: Westminster Press, 1985), 148. ProQuest Ebook Central.

<sup>32</sup> Lindsay Wilson, *Job* (Grand Rapids, MI: William B. Eerdmans Publishing Company, 2015), 185, ProQuest Ebook Central.

<sup>33</sup> Tremper Longman, III, *Job* (Grand Rapids, MI: Baker Academic, 2012), 254, ProQuest Ebook Central.

recognizes God's obligation to deliver them from their foes.<sup>34</sup> Job believes his redeemer would deliver him from his foes and his suffering.

Although Job has no hope for his own life, he believes his redeemer will continue to live after his demise and vindicate him in heaven. Job says in his flesh will he see God. While Job believes the worms will destroy his present body, he believes God will raise him in a physical body to watch God work on his behalf by vindicating him. It is his belief that in a new body he would see God. Job's perception of the resurrection, as it relates to literal flesh, is contrary to the tenets found within the theological discipline. It is more widely believed that we will see God in a spirit form.

By the conclusion of the book, God restores Job's health, wealth, and family life. His family, who abandoned him in his time of sorrow and illness, once again visits him. He regains his fortune and he has twice the wealth he had previously. Furthermore, God rewards him for his faithfulness and vindicates him of any wrongdoing. God speaks to Eliphaz concerning the accusations that he and Job's other two friends made against Job. God instructs Job's three friends to return to Job to make amends for their accusations that he had sinned against God. By doing this, God proves that suffering is not always a result of sin and that if we are able to endure the pains of life, better days are sure to come.

Job lives a long life and has seven sons and three daughters again. His daughters were the most beautiful in all the land, and Job leaves them an inheritance, along with his sons. Leaving an inheritance to female children was unheard of during this time in the Ancient Near East. Job's actions break the social barriers of his day. Here we see the

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<sup>34</sup> Hartley, *The Book of Job*, 199.

liberating power that suffering has on an individual. Out of appreciation to God, Job breaks the social barriers that compared to the suffering he experienced.

### **Conclusion**

The book of Job is a story of wisdom and encouragement for every age, culture, and faith background, whether religious or spiritual. The account of Job's misfortune provides insight into the mental and emotional stability of those who experience extreme suffering, losses of life, depression, sickness, and suicidal ideations. More clearly, the book of Job deals with the focus of my research project on building resiliency through spirituality to decrease the effects of psychosocial stressors.

Because suicide is the second leading cause among active-duty personnel, the need to address mental health concerns to reduce stress, suicidal ideations, and suicide are paramount. The need to focus on resiliency to teach foundational skills to deal with life stressors is an overriding concern. Through Job, we see the role that spirituality serves in the life and sustainment of an individual. Utilizing the spiritual strength found within spirituality produces individual resilience that enables an individual to effectively deal with stress and misfortune.

The book of Job presents a model for individual resilience, effective in building mental and emotional toughness in the military intelligence community. In studying Job, individuals of faith realize that bad things happen to good people, and that people of faith occasionally suffer not because of sin or misconduct. However, humanity must maintain an attitude of trust and dependence on a God whose actions humankind cannot fathom. Furthermore, individuals of faith believe that in the midst of suffering, men and women

should seek God for comfort, strength, and assurance that our present suffering is only temporary. By accepting this belief, suicide is not an option.

By examining Job, personnel within the military intelligence community, who are not religious, learn that suffering and stress may be intense, but it will ultimately end with the ability to rebound from adversity. By utilizing spirituality, individuals with different personality traits develop coping mechanisms to handle psychosocial stressors. Through spirituality, service members identify sources of support to draw strength from during times of difficulty and uncertainty. Spiritual fitness becomes equally as important to physical fitness to ensure holistic care and well-being.

Through the story of Job, service members see personal resilience in action and the positive impact of spirituality and faith. Job's triumphant recovery demonstrates that suffering is only momentary. In asking why me, Job's statement "What, shall we receive good at the hand of God, and shall we not receive evil"<sup>35</sup> originates with those seeking answers for their human trials and hardship. By examining Job's three friends, those within the military intelligence community recognizes that Job's three friends spoke to him on a profound level, but knowledge is incapable of explaining hardship or the reasons for our suffering. By recognizing this truth, an alternative to knowledge, to address suffering and stress, is considered. The alternative is spirituality which is higher than the individual is.

Additionally, the story of Job teaches us that virtue and goodness does not exempt people from misfortunate, suffering, and sickness. Goodness does not exclude individuals from the existential predicaments of being human such as divorce and unemployment.

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<sup>35</sup> Job 2:10.

Job teaches us that regardless of the extremity of the suffering, the circumstances will not always remain the same. Because humankind will suffer occasionally, we must prepare ourselves for the difficult and trying times that will surely come. Like Job, our response to suffering determines our ability to process misfortune. As Job demonstrates, spirituality produces resiliency, which enables individuals to recover from hard times. The definition of resiliency is the ability to recover from or adjust easily to adversity or change. An additional definition that puts human suffering and recovery into perspective is resiliency being the ability of something to return to its size and shape after being compressed or deformed.<sup>36</sup>

Throughout his suffering, Job never lost hope that his redeemer lived. Although he was depressed, sick, and even suicidal, because he laments being born, which means wishing for death, but not bringing it about, Job never lost faith in the belief that God was in control of his life.<sup>37</sup> His faith sustained him during the difficult times and his subsequent recovery. He says, “Though he slay me, yet will I trust in him: but I will maintain my own ways before him.”<sup>38</sup> Job’s willingness to suffer was rooted in his spirituality that says there must be a plan in play that humanity is not aware of working for humanity’s welfare.

Within the trials and toils of my own life, the story of Job speaks to my past suffering, losses of life, and marital trouble. Having separated from my wife, losing my

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<sup>36</sup> Merriam-Webster Incorporated, *Merriam-Webster’s Collegiate Dictionary*, 11<sup>th</sup> ed (Springfield, IL: Merriam-Webster, Inc., 2004), 1060.

<sup>37</sup> Ilit Ferber and Paula Schwebel, *Lament in Jewish Thought: Philosophical, Theological, and Literary Perspectives* (Boston, MA: De Gruyter, 2014), 322, ProQuest Ebook Central.

<sup>38</sup> Job 13:15.

financial stability, enduring criticism from church members, family, and friends, starting over to lose everything again, losing both parents within a six-month period, and now supporting a sister who is terminally ill, Job's story speaks to my own suffering, past and present. Job's faith and resiliency provide a model that I can emulate to overcome extreme suffering and hardships. It provides an example for my own individual resiliency.

When my mentor and father figure, Rev. William Bufford, died unexpectedly of a stroke, I learned what Job speaks to, "The Lord gave and the Lord hath taken away, blessed be the name of the Lord."<sup>39</sup> In this passage of scripture, Job taught three things: who gives, who takes away, and what a person's response to God's work should be. Like Job, I questioned God about past afflictions I endured, my divorce, loss of both parents, a forty-nine-year-old terminal sister, losing my mom and dad while serving this nation on deployment, loss of financial prosperity and abandonment. By reading Job, I discovered that everyone bears afflictions.

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<sup>39</sup> Job 1:21

## **CHAPTER THREE**

### **HISTORICAL FOUNDATIONS**

#### **Introduction**

In the United States, someone attempts suicide every thirty-one seconds, and an average of one person dies by suicide every 11.9 minutes, making suicide the tenth leading cause of death in America. According to the World Health Organization, almost 1,000,000 people die by suicide every year. Historically, military suicide rates have been lower than those found in the civilian population. However, the number of suicides among service members is increasing at alarming rates. Suicide is now the second leading cause of death in the military. In 2015, the suicide rate for active-duty personnel was 20.2 per 100,000, which is twice as high as the global mortality rate. One of the contributing factors to suicide within the military is depression.<sup>1</sup>

This Historical Foundations paper will provide an in-depth examination of the 16th president of the United States, Abraham Lincoln, who suffered from chronic depression throughout his life, but developed a model for mental health. Throughout his depression, he developed coping skills and personal resilience that provide a framework within the military intelligence community to address psychosocial stressors. This paper will present Lincoln's life and model for personal resilience and seek to identify

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<sup>1</sup> Suicide in the Military, Center for Deployment Psychology, "Military Suicide," November 16, 2020, <https://deploymentpsycho.org/disorders/suicide-main>.



commonalities and opportunities for growth and personal sustainment within the military intelligence community.

As a former Commander-in-Chief, Abraham Lincoln's life, struggle, and triumph speak to service members engaged in physical and cyber/electronic warfare that are experiencing mental illness, stress, and suicidal ideations. The military intelligence community can learn crucial coping skills through the life and triumph of a president who successfully dealt with the only civil war on American soil. In studying Lincoln's coping skills and personal resilience, I will theorize that there is a connection between spirituality and resiliency. Furthermore, I hypothesize that if service members of the U. S. Armed Forces develop a pastoral care and counseling model that uses spirituality to increase resiliency within individual personality traits, then suicide within the military will decrease.

Throughout this paper, the following topics of discussion are:

- Mental health and mental illness
- Mental illness within the military intelligence community
- Mental illness and depression during the 1800s
- President Lincoln's early life, misfortune, and depression
- Lincoln's marriage to Mary Todd Lincoln who suffered from mental illness
- Lincoln's presidency, stress, and reoccurring depression
- Lincoln's Mental Health Model for resiliency and recovery

## **Mental Health and Mental Illness**

Mental health is our emotional, psychological, and emotional well-being. It affects how an individual thinks, feels, and performs. It also helps to determine how people handle stress, relate to others, and make life choices. Mental health is significant at every stage of life from childhood and adolescence through adulthood. Positive mental health allows individuals to realize their full potential, cope with the stresses of life, rebound from adversity, and work productively while contributing to their communities of influence.<sup>2</sup>

Mental illness, also referred to as mental health disorders, refers to a wide range of mental health conditions that affect a person's mood, thoughts, and behavior. Examples of mental illness include depression, anxiety disorders, schizophrenia, eating disorders, and addictive behaviors. Numerous individuals experience mental health concerns occasionally. However, a mental health concern becomes a mental illness when ongoing signs and symptoms persist and cause frequent stress and negatively affects the individual's ability to function.<sup>3</sup>

Around one in five adults has a mental illness within a twelve-month period (one year). Mental illness can begin at any age, and the effects can be temporary or long-term. Mental illness can cause a person to be depressed, have suicidal ideations, and attempt suicide. It may also lead to significant problems in a person's daily interactions, marriage, relationships, work, and school life.

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<sup>2</sup> Basics U.S. Department of Health & Human Services, "What is Mental Health," May 28, 2020, <https://www.mentalhealth.gov/basics/what-is-mental-health>.

<sup>3</sup> Diseases & Conditions, Mayo Clinic, "Mental illness," June 8, 2019, <https://www.mayoclinic.org/diseases-conditions/mental-illness/symptoms-causes/syc-20374968>.

Signs and symptoms of mental illness may vary depending on the disorder or circumstances. Examples of signs and symptoms include:

- Feeling sad or down for prolonged intervals of time.
- Being confused or exhibiting the reduced ability to concentrate.
- Showing excessive fears and worries or displaying an overwhelming feeling of guilt or shame.
- A person withdrawing from family, friends, and routine activities that once provided joy and fulfilment.
- Having extreme mood changes of highs and lows with no apparent reason.
- Feeling significant tiredness and low energy levels regardless of the number of hours slept or having problems sleeping.
- Having problems with alcohol and drug use that include alcohol abuse and dependency.
- Experiencing major changes in eating habits, which might include eating disorders or unhealthy relationships with food related to stress or depression.
- A person experiencing low or no sex drive because of anxiety as it relates to problematic circumstances within their personal or professional life.
- An individual displaying excessive anger, hostility, or violence towards others at home, work, or school.

- A person having thoughts of suicide that may include suicidal ideations or plans to harm themselves or others as a means to an end the pain or discomfort associated with life.

Numerous causes contribute to mental health illnesses such as inherited traits, exposures to illicit and controlled substances before birth, and brain chemistry. Risk factors include:

- A history of mental illness and depression within an individual's immediate family (parents and siblings)
- Stressful life situations such as a divorce, financial difficulties, legal issues, death of a loved one, or family conflicts
- Ongoing chronic medical conditions that affect an individual's well-being and morale
- Brain damage from a serious accident or post-traumatic stress disorder (PTSD) in military personnel involved in war and conflict
- Use of alcohol, recreational, controlled, or illicit drugs
- A childhood of abuse, sexual assault, and neglect — especially if the issues are unresolved or untreated
- Limited friends, lack of meaningful relationships, and support systems to draw strength and assurance from
- Any previous mental health illness treated or untreated
- Experiencing unhappiness or discontentment at work or home

### **Mental Illness within the Military Intelligence Community**

Mental health disorders constitute a significant health and well-being problem within the military. From 2007 through 2016, the United States military diagnosed 853,060 active-duty service members with at least one mental health disorder and 115,378 with mental health problems. The majority of diagnoses were attributable to adjustment disorders, depressive disorders, and anxiety disorders. In 2016, mental health disorders accounted for the largest total number of hospital bed days and the third highest total number of medical appointments for active-duty military.<sup>4</sup>

According to the data from the ten-year research project done by Dr. Shauna Stahlman and Dr. Alexis Oetting, 92.4% of all mental health disorder diagnoses were attributable to eight mental health conditions that include adjustment disorder, alcohol dependence, anxiety, bipolar disorder, depression, post-traumatic stress disorder, psychosis, and substance abuse. The most common mental health disorders are adjustment disorder, anxiety, and depression. Female service members are diagnosed with mental health conditions (adjustment disorder, anxiety, depression, bipolar, and post-traumatic stress disorder) at rates five times higher than men. Male service members are diagnosed with alcohol and substance abuse disorders at rates higher than women. According to the ten-year report, 25.2% of all active-duty female service members have a history of mental health conditions, while 16.2% of active-duty male service members receive a diagnosis in their lifetime.

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<sup>4</sup> Shauna Stahlman and Alexis A. Oetting, "Mental Health Disorders and Mental Health Problems, Active Component, U.S. Armed Forces, 2007-2016," *Medical Surveillance Monthly Report*, March 2018, <https://health.mil/Reference-Center/Reports/2018/01/01/Medical-Surveillance-Monthly-Report-Volume-25-Number-4>.

With the drastic increase in fighting cyber/electronic warfare, the military intelligence community is experiencing increases in psychological issues that include depression, excessive stress, suicidal ideations, and suicide. The increase in psychological issues is contributed to the operational demand, electronic warfare, lack of coping skills, low resiliency, and COVID-19 fatigue. COVID-19 fatigue is pushing mental health disorders higher because of isolation, loss of loved ones, disruption of social and emotional norms, and anxiety concerning the unknown.

Psychosocial and behavioral health problems related to difficult life circumstances such as marital problems, family and interpersonal relationships, and job disapproval often lead to feelings of hopelessness and depression. For some, suicide is an escape from intense emotional distress, complex problems, and chronic sadness. In most cases of attempted suicide, depression and mental illness are contributing factors.

### **Mental Illness and Depression during the 1800s**

From the beginning of time, various cultures have viewed mental illness as a form of religious punishment from God or demonic possession. In ancient Egyptian, Indian, Greek, and Roman writings, mental illness was a religious or personal problem. In the 5th century B.C., Hippocrates was a pioneer in treating mentally ill individuals with techniques not engrained in religion or superstition; instead, he focused on changing a mentally ill patient's environment or occupation or administering certain substances as medications. During the Middle Ages, communities believed that the mentally ill had a demonic spirit or that they were absent of religion. Negative attitudes towards mental

illness persisted into the 18th century in the United States, leading to stigmatization of mental illness and degrading and unhygienic confinement of mentally ill persons.<sup>5</sup>

During the 1800s, the medical treatment of individuals with mental health disorders was barbaric and ineffective. Living conditions in mental institutions were unhygienic and cruel. People with mental illnesses experienced incarceration with criminals and were left unclothed in dark, cold, and unheated spaces without bathroom facilities. Frequently abandoned by their families, persons underwent being beaten, chained, and left unattended without proper medical treatment.

In the 1840s, activist Dorothea Dix lobbied for improved living conditions for the mentally ill and depressed after witnessing the unsanitary and hazardous living conditions of those institutionalized. Over a forty-year period, Dix effectively persuaded the U.S. government to build thirty-two state psychiatric hospitals. During this period, the most accepted manner to care for the mentally ill was the institutional inpatient care model in which many patients lived in hospitals and received care by a professional staff. Families and communities struggling to care for mentally ill relatives welcomed institutionalization. Although institutionalized care increased patient access to mental health services, the state hospitals were often underfunded and understaffed, drawing harsh criticism for poor living conditions and inhumane treatment.<sup>6</sup>

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<sup>5</sup> Module 2: A Brief History of Mental Illness and the U.S. Mental Health Care System, “Mental Health, Unite For Sight,” June 27, 2012, <http://www.uniteforsight.org/mental-health/module2>.

<sup>6</sup> Module 2: A Brief History of Mental Illness and the U.S. Mental Health Care System. “Mental Health, Unite For Sight,” June 27, 2012, <http://www.uniteforsight.org/mental-health/module2>.

### **Abraham Lincoln's Early Life, Misfortune, and Depression**

Abraham Lincoln was born on February 12, 1809, in a one-room log cabin on Sinking Spring Farm near Hodgenville, Kentucky. He was born into poverty to Thomas and Nancy Hanks Lincoln. Lincoln's father was a farmer, cabinetmaker, and carpenter.<sup>7</sup> Historians describe his mother as a stoop-shouldered, thin-breasted, sad, and fervently religious woman. His parents had three children who died in infancy: Sarah, his brother Abraham, and Thomas.<sup>8</sup> The reference to Lincoln's mother being sad, thin, and stoop-shouldered may indicate a family history of depression. Furthermore, the loss of three children in infancy possibly caused severe emotional trauma for Nancy Lincoln. Because mental health treatment in the 1800s was not as advanced as it currently is, Nancy Lincoln probably never received proper care for her grief or medical attention for any post-partum depression that may have been present.

Lincoln's parents were members of a Separate Baptist church that did not condone alcohol, dancing, or slavery. From his earliest beginning, Lincoln learned the cruelty of slavery and its moral and ethical dilemma. Receiving no formal education, Abraham Lincoln was a self-educated man who enjoyed reading and a lifelong interest in learning. Throughout Lincoln's childhood, his father would own and lose various farms and livestock — thus destabilizing his family at different times. People with mental disorders often refer to the lack of stability within their lives. The constant destabilizing of Lincoln's childhood may have contributed to his mental illness.

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<sup>7</sup> William C. Harris, *Lincoln's Rise To The Presidency* (Lawrence, KS: University Press of Kansas, 2007), 7.

<sup>8</sup> *Britannica*, "Abraham Lincoln," Biography, April 11, 2021, <https://www.britannica.com/biography/Abraham-Lincoln>.



At an early age, Abraham Lincoln experienced loss and grief with the passing of his siblings in infancy. His greatest emotional pain came during his childhood by the death of his mother. On October 5, 1818, his mother, Nancy Lincoln, died from milk sickness leaving a then nine-year old Lincoln to be primarily raised by his sister Sarah Lincoln. Ten years later, on January 20, 1818, Sarah died while giving birth to a stillborn son, distressing a then nineteen-year-old Lincoln. By his twentieth birthday, Abraham Lincoln had experienced the loss of two important people in his life and the destabilization of his home and personal life by death and constant movements and losses of material possessions.

On August 25, 1835, Lincoln's first romantic interest, Ann Rutledge, whom he met in New Salem, Illinois, died most likely from typhoid fever. In the early 1830s, he met Mary Owens from Kentucky. The two dated for a short time before Lincoln wrote her a letter stating he would not be upset if she called off the relationship to which she never replied. His first two romantic relationships ended in emotional loss that caused a certain degree of depression within Lincoln's life.

Further complicating Lincoln's early life was the absence of a close relationship with his father, Thomas Lincoln. Due to the differences in their educational level and professional interests, Lincoln did not have a significant relationship with his father, who worked as a farmer and carpenter, all of which Lincoln had no interest in.<sup>9</sup> Once his family moved to Illinois, Lincoln pursued his own endeavors, migrating away from his immediate family to begin his own career in a more academic field.

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<sup>9</sup> David Herbert Donald, *Lincoln* (New York, NY: Simon & Schuster, 1995), 32-36.

Friends who knew Lincoln described him as suffering from melancholy, which is a feeling of reflective sadness with no obvious reason.<sup>10</sup> Throughout his adult life, Lincoln experienced inward torture over constant thoughts of failure and even contemplated suicide several times. Throughout his life, he often commented to friends that he was not mentally well. Moreover, friends would periodically observe him in state of depression or crying in public. In January of 1841, Lincoln submitted himself to the care of a mental health physician. Once released, his mental state worsened with Lincoln commenting that he was the most miserable man alive.

### **Marriage to Mary Todd Lincoln**

In 1842, Lincoln married Mary Todd in Springfield Illinois.<sup>11</sup> She was the daughter of Eliza Parker and Robert Smith Todd, pioneer settlers of Kentucky. The couple had four boys; however, only one son lived to adulthood.<sup>12</sup> These repeated losses affected the mental health and well-being of both parents. As a child, Mrs. Lincoln lost her mother before the age of seven, sharing a similar experience with her husband. She remembered her childhood as desolate, although she belonged to the upper class of Lexington and received a private education while enjoying a pleasurable lifestyle in Kentucky.<sup>13</sup>

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<sup>10</sup> Merriam-Webster Incorporated, *Merriam-Webster's Collegiate Dictionary*, 11<sup>th</sup> ed (Springfield, IL: Merriam-Webster, Inc., 2004), 723.

<sup>11</sup> Joseph D. Collea, Jr., *New York and the Lincoln Specials: The President's Pre-Inaugural and Funeral Trains Cross the Empire State* (Jefferson, NC: McFarland & Company, Inc., 2018), 5.

<sup>12</sup> Presidents, The White House, "Abraham Lincoln," <https://www.whitehouse.gov/about-the-white-house/presidents/abraham-lincoln/>.

<sup>13</sup> First Families, The White House, "Mary Todd Lincoln," <https://www.whitehouse.gov/about-the-white-house/first-families/mary-todd-lincoln/>.

A childhood companion remembered Mary Lincoln as being vivacious and impulsive with an interesting personality. This childhood friend noted that occasionally Mary Lincoln would have a sarcastic tone that cut deeper than she intended. In 1840, a young lawyer said that she was a creature of excitement which might allude to her history of mood swings, fierce temper, and public outbursts. Many historians believe that Mary Lincoln suffered from bipolar disorder. Additionally, she suffered from migraines and depression. Her headaches increased in frequency after a head injury in a carriage accident during her White House years. Her head injury may have been what we would call today a traumatic brain injury (TBI).<sup>14</sup>

As the First Lady of the United States, Mary Lincoln's time in the White House was filled with conflict and misery as the Civil War became the bloodiest conflict in American history. Southerners viewed her as a traitor to her Southern heritage as she staunchly supported her husband in his quest to save the Union. She was loyal to his policies which led to personal difficulties created by political divisions within the nation. Her family was from a border state that permitted slavery. She had several brothers who fought and died in the Confederate Army. Her allegiance to her husband triggered a mental and emotional conflict.<sup>15</sup>

In 1862, the Lincolns' son, Willie, died of typhoid fever. Devastated over his death, Mary Lincoln stayed in bed for three weeks. Due to her devastating grief, she was unable to attend Willie's funeral or provide parental care to the couple's other son,

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<sup>14</sup> "Mary Todd Lincoln," April 14, 202, <https://www.whitehouse.gov/about-the-white-house/first-families/mary-todd-lincoln>.

<sup>15</sup> Biographies, National First Ladies' Library, "Mary Lincoln Biography," <http://www.firstladies.org/biographies/firstladies.aspx?biography=17>.

Thomas. Because of the state of her depression and additional mental illness, President Lincoln hired a nurse to provide Mrs. Lincoln with assistance. Mary Lincoln's expressions of grief mirror those of military parents who have lost children while serving the nation. Throughout her life, President Lincoln, despite his own mental illness, was a caregiver to Mrs. Lincoln who suffered more severely from mental disorders. Unlike President Lincoln, Mrs. Lincoln was not able to control her emotions or bouts with depression.

On April 14, 1865, another tragedy affected Mrs. Lincoln. While watching a play at Ford's Theater, John Wilkes Booth shot her husband, the President, in the back of the head while the two held hands during the play.<sup>16</sup> Witnessing this horrific event was a traumatic experience that undoubtedly caused severe mental and emotional disorders. Combined with the past losses of her mother and son Willie, Mrs. Lincoln's mental health continued to deteriorate. Mrs. Lincoln had now suffered the shattering losses of three immediate family members. Mary Lincoln stayed in bed for five weeks after her husband's assassination. She wrote to a friend that she had no desire to live and was experiencing extreme agony of mind.<sup>17</sup>

In July of 1871, Mary Lincoln's son, Thomas died. Following the death her husband and two sons, she felt an overwhelming sense of grief and depression which caused her mental health to continually decline. Her last surviving son, Robert Lincoln, alarmed by his mother's erratic behavior after several manic episodes, had her committed

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<sup>16</sup> Ford Theatre Blog, Ford's Theatre, "Understanding Mary Lincoln," <https://www.fords.org/blog/post/understanding-mary-lincoln/>.

<sup>17</sup> Jason Emerson and James S. Brust, *Madness of Mary Lincoln* (Carbondale, IL: Southern Illinois University Press, 2007), 20, ProQuest Ebook Central.

to an insane asylum. Before being committed, Mary Todd attempted to commit suicide twice by overdosing. For the next three months, Mary Todd remained in an institution without any substantial recovery due to the ineffectiveness of mental illness treatment during the 1800s.

In 1876, Mary Lincoln left the asylum to live with her sister in Springfield, Illinois. On July 15, 1882, Mary Todd Lincoln died from a stroke at the age of sixty-three. Throughout her life, Mrs. Lincoln dealt with grief, tragedy, depression, and institutionalization. Due to the lack of advancement in mental health diagnosis and treatment, her level of medical care did not adequately address her declining mental state or paranoia. Her life compares to service members who spend a lifetime in silence battling mental and emotional disorders because of the stigma surrounding mental illness or the fear of seeking help.

### **Lincoln's Presidency, Stress, and Reoccurring Depression**

On November 6, 1860, Abraham Lincoln became the 16th president of the United States of America. The Southern states, enraged by his election, began to make plans to succeed from the Union. South Carolina was the first state to draft succession documents. Florida, Mississippi, Alabama, Georgia, Louisiana, and Texas followed. Virginia, Tennessee, Arkansas, and North Carolina later succeeded from the Union, thereby forming the Confederacy. The Confederacy succeeded from the Union over States Rights, which included the ability maintain the institution of slavery. From the onset,

Lincoln's presidency was a tumultuous period filled with heightened stress, internal and external conflict, prolonged uncertainty, and civil war.<sup>18</sup>

As the Civil War advanced, so did President Lincoln's mental suffering. The war placed deep feelings of despair upon the President. He wrestled with internal feelings of self-worth and failure. As Lincoln faced the prospect of humiliating defeat, he became more isolated and depressed. While visiting the captured city of Richmond on April 4, 1865, one observer described Lincoln as "Pale, haggard, utterly worn out."<sup>19</sup> As emancipation became a reality, President Lincoln wrestled with how to heal and reunify a divided country. No president had previously endured such a conflict that would decide the future of the United States. Lincoln was in uncharted waters for which there was no map. Lincoln had to determine the proper path forward to preserve the nation, end slavery, and reestablish the country.

President Lincoln believed that he existed within his depression to do meaningful work. His work against the expansion of slavery gave him a sense of purpose, but it also fueled a nagging sense of failure. In one regard he believed he was doing the moral thing by eliminating slavery; but on the other, he understood the financial impact of ending slavery abruptly rather than gradually. This conflict caused considerable emotional turmoil within the president that negatively influenced his mental health.

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<sup>18</sup> Alan Brinkley, *The Unfinished Nation: A Concise History of the American People*, 2<sup>nd</sup> ed (New York, NY: The McGraw Hill Companies, Inc., 1997), 380.

<sup>19</sup> James West Davidson, William E. Gienapp, Christine Leigh Heyrman, Mark H. Lytle, Michael B. Stoff, *Nation of Nations: A Narrative History of the American Republic* (Boston, MA: McGraw Hill, 2001), 521.

### **Lincoln's Mental Health Model for Resiliency and Recovery**

Although President Lincoln suffered with chronic, clinical depression, he refused to allow his mental illness to define his life or limit his achievements. After treatment from a mental health care provider failed, President Lincoln developed his own model to address his depression. His response to his depression and mental illness helped to propel him to greatness. Studying his method of personal resiliency and recovery can help to develop a model for resiliency within the military intelligence community.

After realizing that his depression would be a perpetual part of his life, President Lincoln sought to use his illness as motivation for success. He allowed his depression to force him to examine the core of his emotions and purpose in life. These two reflections helped him to develop crucial life skills and coping mechanisms, even as his depression lingered persuasively. His character and personal resilience developed because of the strength he gained from the insights of his depression, his creative responses to his mental disorder, and his spirituality forged out of deep suffering, perseverance, and recovery.<sup>20</sup>

Abraham Lincoln believed inaction, as it relates to mental illness and remaining in a tortured state, was not a viable option. He believed it was his duty to work to improve his state of being to accomplish his purpose in life. For him, humanity is born to accomplish goals regardless of their mental state. He believed that society does not wrestle with the question, “if one lives,” but “how one lives?” — not if an individual suffering from mental illness survives, but how someone with mental illness survives.

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<sup>20</sup> Joshua Wolf Shenk, *Lincoln's Melancholy: How Depression Challenged a President and Fueled His Greatness* (Boston, MA: Houghton Mifflin Company, 2005), 81-85.

For Lincoln, it was not if the person diagnosed with a mental disorder lives or dies, but how an individual with a mental disorder functions in life. For him, survival was key, essential, and a requirement.

After determining what his purpose in life was and the things worth living for, Lincoln focused on how he could make positive changes for his mental health and what emotional conditions he would have to endure. As he worked diligently to improve himself, he developed self-understanding, discipline, and strategies for resiliency and success that would become the foundation of his coping skills. For Lincoln, mental health was a matter of recovery as every individual will experience mental and emotional hurt periodically. Lincoln understood recovery to be a process of shifting from protest to ownership, to work, and to mental recuperation. He believed only by enduring struggles in life is character born. For him sadness and grief coexist with strength and happiness.

Although Lincoln was not a devout Christian, he believed in the existence of God. After the death of his son, Willie, he often attended church with Mrs. Lincoln. However, Lincoln was not a religious man; he described himself as more spiritual than religious. Throughout his life, he was able to find consolation in theological concepts and spiritual insights.<sup>21</sup> He often connected his mental well-being to divine forces. Although he was more spiritual than religious, he did not discount the role that faith plays in an individual's life. He occasionally referred to the Bible for encouragement.<sup>22</sup> On one occasion during the Civil War, he appeared dejected, but his countenance improved after reading the book of Job. The success that Lincoln achieved was not a result of the

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<sup>21</sup> Ronald C. White, Jr., *A. Lincoln: A Biography* (New York, NY: Random House, 2009), 33.

<sup>22</sup> Ronald C. White, Jr., *The Eloquent President: A Portrait of Lincoln Through His Words* (New York, NY: Random House Trade Paperbacks, 2006), 32.



elimination of his personal suffering, but by him merging his suffering with his determination and purpose. Merging his suffering with his determination and purpose produced the fuel that drove him to rebound from every misfortune and personal grief that he experienced within his life. He successfully managed the integration of his suffering with the transformation of his purpose.

Lincoln dealt with his depression with humor, humility, dedication to a great cause, and a dependence on God. Friends noted that Lincoln would often tell jokes at the most inopportune time, because for him laughter was a refuge from despair. His humility made him aware of his own imperfections and illnesses. His dedication to a great cause pulled him back from suicide, repeatedly, because he believed he had a great purpose to fulfill. His dependence on God provided strength and assurance in something greater than his own talents. These things helped the 16th president of the United States to manage his depression and mental illness during a time when mental health disorders were not properly treated.

## Conclusion

Most individuals are unaware that President Lincoln struggled with depression throughout his life. As a child, he lost several relatives that caused sadness throughout his childhood. In 1835, his fiancé died, which caused him to have a nervous breakdown.<sup>23</sup> In 1838, he ran for Speaker of the Illinois State Legislature and lost. In 1843, he ran for Congress but failed to gain the nomination. Four years later, he attempted to run again,

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<sup>23</sup> Harold K. Bush, *Lincoln in His Own Time: A Biographical Chronicle of His Life, Drawn from Recollections, Interviews, and Memoirs by Family, Friends, and Associates* (Iowa City, IA: University of Iowa Press, 2011), 72, ProQuest Ebook Central.

but was unsuccessful in his bid. In 1854, he ran for the Senate again and lost once more. Two years later, he ran for Vice President but failed to secure the nomination of his party. By his election to the presidency of the United States of America in 1860, Lincoln successfully overcame loss, rejection, financial hardship, failure, misfortune, and emotional and mental distress. Through his significant accomplishments, mental toughness, spiritual fitness, and mental care, Lincoln speaks to those with mental disorders and depression.<sup>24</sup>

As the 16th president of the United States, Lincoln experienced depression frequently but responded to his condition in positive, therapeutic ways, opposed to destructive behaviors such as suicide. He presents a personal resiliency model that encourages spirituality as coping mechanism for severe depression and mental illness. His spirituality can encourage the military intelligence community to find strength and support in resources other than knowledge. Lincoln, who was an intellectual man, speaks to the intellectuals within the military intelligence community.<sup>25</sup> Moreover, his life suggests that individuals can overcome extreme adversity and effectively manage mental health disorders to achieve success within their personal and professional lives.

By studying Lincoln's spirituality and resiliency, it is my hypothesis that a pastoral care and counseling model that uses spirituality to reduce psychosocial stressors will reduce suicide within the military. Within my context, there is a connection between the United States military intelligence community and the former Commander in Chief,

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<sup>24</sup> "Abraham Lincoln," April 15, 2021, <https://www.whitehouse.gov/about-the-white-house/presidents/abraham-lincoln/>.

<sup>25</sup> Barry Schwartz, *Abraham Lincoln In The Post-Heroic Era: History and Memory in Late Twentieth-Century America* (Chicago, IL: The University of Chicago Press, 2008), 98.

Abraham Lincoln. This connection provides a touch point to introduce a pastoral care and counseling model that uses spirituality to decrease psychosocial stressors within different personality traits while increasing resiliency.

During a time of national unrest and tension, Lincoln rose above his personal tragedies to lead a nation on the brink of destruction.<sup>26</sup> His accomplishments as a president, despite his psychological problems, suggest to those dealing with depression, losses of life, setbacks, disappointment, and mental illness that suicide is never the answer. Although Abraham Lincoln was never a Christian, his spirituality, which is visible in his writings, affected his view of meaningful life and purpose. His spirituality was his sustaining grace as he battled depression, losses, and manic depression.

Abraham Lincoln relates to my Doctor of Ministry project because he shows the relationship between spirituality and resiliency.<sup>27</sup> Lincoln dealt with depression and calamity throughout his life but was able to recover from his hardships and achieve extraordinary accomplishments while dealing with depression through healthy methods. He clearly demonstrates a relationship between spirituality and psychological well-being. His course of treatment is beneficial for developing a pastoral care and counseling model to treat depression within the military intelligence community.

Lincoln's belief that depression and emotional turmoil are emotions used to improve a person's character speaks to my thesis in this paper. As finite human beings, individuals will encounter misfortune, severe emotional distress, loss, and even depression and thoughts of suicide. An individual's purpose in life should propel them

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<sup>26</sup> James M. McPherson, *Tried By War: Abraham Lincoln As Commander In Chief* (New York, NY: Penguin Press, 2008), 29-32.

<sup>27</sup> Martha Hodes, *Mourning Lincoln* (New Haven, CT: Yale University Press, 2015), 35.

beyond thoughts of suicide and encourage them to seek help. In my own life, I have always remembered that my purpose is greater than my present suffering; and if God did not want him here, God would not have put him here. Within my own life, I have depended upon God for strength and assurance “that the sufferings of this present time are not worth comparing with the glory that will be revealed to us.”<sup>28</sup> This belief has provided hope, strength, and resiliency to me through the loss of both of my parents within six months. It has also provided fortitude through the misfortune of a failed marriage and the emotional hurt associated with my divorce and now the terminal illness of my sister at age forty-nine.

The life of President Lincoln speaks to my own life that has known highs and lows associated with poverty, loss, professional failure, distant paternal relationship, high stress, and short depression. Throughout my life, my dependency on God has been the core of my personal resilience that has helped me to overcome overwhelming odds. Laughter has been my escape from despair, believing there is hope in every trial.

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<sup>28</sup> Romans 8:18.

## **CHAPTER FOUR**

### **THEOLOGICAL FOUNDATIONS**

#### **Introduction**

With the emergence of cyber as a substantial threat to national and global security, cyber warfare has become a critical area of interest and purpose for the military. With the extensive development of cyber war and warfare, the mental and emotional challenges experienced by the military intelligence community, through vicarious trauma, has heightened the need for mental toughness and resiliency. Vicarious trauma and psychosocial stressors have produced the need to concentrate on mental health to decrease stress, suicidal ideations, and suicide. Military personnel often struggle with vicarious trauma because of their frequent exposure to human suffering and death. “The term vicarious trauma, sometimes also called compassion fatigue, is the latest term that describes the phenomenon generally associated with the ‘cost of caring’ for others.”<sup>1</sup>

Other terms used for compassion fatigue are secondary traumatic stress and secondary victimization. Vicarious trauma is an occupational challenge for people working in fields of victim services due to their continued exposure to victims of trauma and violence. This work-related trauma can occur from experiences such as listening to individuals recount their stories of victimization, looking at videos of exploited children

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<sup>1</sup> “Vicarious Trauma,” Fact Sheet #9, American Counseling Organization, <https://www.counseling.org/docs/trauma-disaster/fact-sheet-9-vicarious-trauma.pdf>.

or military operations involving conflict, reviewing case files, and responding to mass violence incidents resulting in numerous injuries and deaths.<sup>2</sup>

In 2021, suicide rates among active-duty personnel are at an all-time high since September 11 (9/11). These numbers have been increasing at a steady pace. Research found that 30,177 active-duty personnel and veterans who have served since September 11, 2001 (9/11) have died by suicide. This number is drastically higher than the 7,057 military members who died in combat during the twenty-year war following 9/11. This number is four times higher than the number of casualties sustained during the 9/11 conflict.<sup>3</sup> High suicide rates are due to the mental health toll of participating in war, stress, trauma, access to guns, and the difficulty of returning to civilian life.<sup>4</sup>

Within the ministry context, a relationship exists between low levels of resiliency in individual personality traits such as introversion and neuroticism, which contribute to the inability to process psychosocial stressors. This inability to process psychosocial stressors leads to high levels of stress, depression, suicidal ideations, and suicide. Additionally, the lack of spirituality within the ministry context contributes to an insufficient support system that is incapable of enhancing or sustaining resiliency. Without medium to high levels of resiliency, service members within the intelligence community struggle with life stressors and life sustaining choices.

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<sup>2</sup> “The Vicarious Trauma Toolkit,” About OVC, Office for Victims of Crime, <https://ovc.ojp.gov/program/vtt/what-is-vicarious-trauma>.

<sup>3</sup> Danielle DeSimone, “Military Suicide Rates Are at an All-Time High; Here’s How We’re Trying to Help,” Stories, USO, September 1, 2021, <https://www.uso.org/stories/2664-military-suicide-rates-are-at-an-all-time-high-heres-how-were-trying-to-help>.

<sup>4</sup> “In 20 Years since September 11, Military Suicides Have Risen Sharply: Why?,” Mental Health, Boston University, <https://www.bu.edu/articles/2021/in-20-years-since-september-11-military-suicides-have-risen-sharply/>.

I hypothesize if a pastoral care and counseling resiliency model is developed that teaches spirituality as a coping mechanism for different personality traits, then suicidal ideations within the military intelligence community will decrease. This paper seeks to identify, examine, and incorporate appropriate theological themes that support the hypothesis regarding the impact of spirituality upon resiliency within the military intelligence community. Additionally, the research contained within the Theological Foundations paper will contribute to a pastoral care and counseling resiliency model for the military intelligence community. This study will focus on pastoral care and counseling, practical theology, trauma-informed theology, and theological anthropology as ministry solutions.

### **Main Body**

Suicidal behavior is one of the most significant problems within the military. Service members frequently operate in a high stress environment. Suicidal behavior is often complex involving biological, psychological, social, and institutional factors. Following a twenty-years of war, suicide is now the second leading causes of death within the military. When researchers asked seventy-two soldiers at Fort Carson, Colorado, why they attempted to commit suicide, out of thirty-three reasons, all seventy-two soldiers indicated a desire to end intense emotional distress.<sup>5</sup> The intense emotional distress that all seventy-two soldiers referenced was a result of numerous factors such as posttraumatic stress disorder (PTSD), war and combat trauma, relationship issues, and

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<sup>5</sup> “Study Reveals Top Reason Behind Soldiers Suicide,” MSRC News Details, Military Suicide Research Consortium, <https://www.msrfsu.edu/news/study-reveals-top-reason-behind-soldiers-suicides>.

failure to conform to military life. PTSD is a mental health problem that individuals develop from experiencing or witnessing life-threatening events, such as combat, a natural disaster, frequent exposure to death, and sexual assault.<sup>6</sup>

During war and military conflict, military service members encounter a multitude of traumatic events. Serving in combat involves being exposed to death and injury and witnessing first-hand the loss of colleagues and friends. This exposure increases the likelihood of a service member having PTSD or other mental health disorders. With the emergence of cyber warfare, service members within the military intelligence community experience vicarious trauma. Vicarious trauma is the indirect exposure to a traumatic event through firsthand account or narrative of that event.<sup>7</sup> Because cyber warfare is electronic in nature, service members within the military intelligence community often struggle with emotional and mental shock. This disturbance contributes to the degradation of relationships and marriages.

Relationship and marriage problems can potentially cause heightened stress on and off the job. Deployments can be stressful for military personnel and families and may add additional stressors to a marriage and relationships. The military mission and operational tempo may also be stressful for a new sailor or a sailor experiencing personal problems. These psychosocial stressors contribute to high stress, suicidal ideations, and suicide. Unacknowledged and unhealed trauma often leads to further violence and

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<sup>6</sup> “PTSD,” PTSD Basics, US Department of Veteran Affairs, [https://www.ptsd.va.gov/understand/what/ptsd\\_basics.asp](https://www.ptsd.va.gov/understand/what/ptsd_basics.asp).

<sup>7</sup> “Vicarious Trauma: Information, Prevention and Resources,” Articles/Nursing, Advent Health University, November 12, 2019, <https://online.ahu.edu/blog/what-is-vicarious-trauma/>.



disruption against oneself, family, friends, or bystanders. These acts of violence or disruption frequently lead to additional trauma.<sup>8</sup>

With suicide rates constantly increasing, the military is now focusing on spiritual readiness, mental toughness, spiritual fitness, and resiliency. Science and research support the positive implications of spirituality on mental health and resiliency. Additionally, biblical and theological concepts support the impact of spirituality upon resiliency. The selected biblical and theological concepts validate the doctoral hypothesis.

### *Personality Traits*

Research suggests that certain personality factors are associated with increased suicidal risk. Introversion, extroversion, and neuroticism personality traits are associated with suicidal behavior and resiliency. In addition, introversion and neuroticism may also make individuals susceptible to mood swings, self-destruction tendencies, and characteristics such as anger, aggression, and anxiety. Studies have found that individuals characterized by high neuroticism might experience a diagnosis as more threatening and severe than an individual with a high personality trait of extroversion might.

On the contrary, individuals with a high personality trait of extroversion can tolerate negative feelings, illnesses, and stress, thereby, improving their ability to cope with a diagnosis and treatment regimen. An introvert will look less for emotional support than an extrovert, which might reduce their support system and coping resources. Negative physical health and recovery can be because of loneliness and limited social

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<sup>8</sup> Deborah van Deusen Hunsinger, *Bearing the Unbearable: Trauma, Gospel, and Pastoral Care* (Grand Rapids, MI: William B. Eerdmans Publishing Company, 2015), 2, ProQuest Ebook Central.

support. Personality traits such as introversion, extroversion, and neuroticism foster good or poor mental health and physical recovery for both good and bad.

Introversion is a personality style with a preference for the inner life of the mind over the outer world of other individuals.<sup>9</sup> Introverts enjoy solitude and one-on-one encounters. They are typically reclusive with limited support systems and coping resources. This personality trait gains energy from personal reflection and loses energy in public social settings. Introverts are more likely to experience suicidal ideations and behaviors than other personality types.

The definition of extroversion is a personality trait characterized by outgoingness, high energy, and talkativeness. The term refers to a state of being where someone recharges or draws energy from being with other people.<sup>10</sup> Extroverts are less likely to experience suicidal behaviors and depression than introverts are. In addition, extroverts typically seek support systems and resources to address problems and major life changes. They generally rely on others to help process stress and difficulties. In studies, extroversion consistently predicted lower suicidality among service members.

Neuroticism is the tendency toward anxiety, depression, self-doubt, and other negative feelings. It is low emotional stability and negative emotionality.<sup>11</sup> People with personalities that are high in neuroticism are more likely to be suicidal and experience stress, depression, anxiety, and isolation. Additionally, they are easily disturbed, worry

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<sup>9</sup> "Introversion," *Basics, Psychology Today*, <https://www.psychologytoday.com/us/basics/introversion>.

<sup>10</sup> "Introversion," *Basics, Psychology Today*, <https://www.psychologytoday.com/us/basics/introversion>.

<sup>11</sup> "Introversion," *Basics, Psychology Today*, <https://www.psychologytoday.com/us/basics/introversion>.

about things, have frequent mood swings, and get irritated easily. Individuals within the military intelligence community that are introverts and neurotic persons are more likely to experience mental health disorders and suicidal behaviors. A pastoral care and counseling resiliency model that addresses psychosocial stressors within the military intelligence community to decrease suicide must take into account the different personality traits that impact resiliency. Providing ministry designed with different personality traits in consideration can achieve a more holistic approach to wellness achieved through theological discourse.

### *Theology*

Theology is the “language or discourse about God. It can be a scientific, methodical attempt to understand God’s divine revelation. It has classically been seen as ‘faith seeking understanding.’”<sup>12</sup> Through theology, humanity seeks to understand the existential predicaments of being human. The existential predicaments of being human refer to the challenges and difficulties of being alive. Theology is the critical reflection on humankind and basic human principles. Karl Barth said, “Of all the sciences which stir the head and heart, theology is the fairest. It is closest to human reality and gives us the clearest view of the truth after which all science quests.”<sup>13</sup>

Theology seeks to explain, with hope and reassurance, life events in light of God’s work within human history. Theology seeks to provide answers to human

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<sup>12</sup> Donald K. McKim, *Westminster Dictionary of Theological Terms* (Louisville, KY: Westminster John Knox Press, 1996), 279-280.

<sup>13</sup> Alister E. McGrath, *The Christian Theology Reader*, 2<sup>nd</sup> ed (Hoboken, NJ: Blackwell Publishers Ltd., 2001), 44.

questions regarding human suffering, trauma, sickness, and loss. It wrestles with why God permits conflict and struggle to exist in the world. These issues create emotional distress within the military intelligence community. This emotional distress is manifested through suicidal ideations and suicide. Theology speaks to the psychosocial stressors of service members affected by trauma, loss, and adverse life events.

Within the military intelligence community, the faith spectrum is pluralistic with numerous sailors identifying as Christian, agnostic, atheist, and no religious preference. The overwhelming consensus is there is a search for a higher being or purpose. Although that higher being or purpose may not always be God, there is a frantic search for meaning and purpose. Often used interchangeably, religion and spirituality are different in theory. Spirituality does not require religious faith but is an ever-present connectedness to oneself, to others, or to an entity that is transcendent, such as God, nature, or the soul. It helps reduce stress and allows individuals to be more at peace, happier, and healthier.

Sandra Schneiders defines spirituality as “the experience of conscious involvement in the project of life-integration through self-transcendence toward the horizon of ultimate value one perceives.”<sup>14</sup> Within the United States Marine Corps, senior leaders recognize and value the impact of spirituality on the warrior ethos. The Marine Corps is focusing more on spiritual fitness and spiritual readiness. The Marine Corps believes spirituality contributes to mental toughness and enables the war fighter to be physically and mentally prepared for all conflicts at home, abroad, or even within their own personal life. Edward Shafranske and Len Sperry suggest that spirituality is within a

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<sup>14</sup> Sandra M. Schneiders, “Religion vs. Spirituality: A Contemporary Conundrum,” *Spiritus* 3.2 (2003): 173.

set of measurements. These measurements include overt behaviors, beliefs, motivations, values, goals, and subjective experiences.<sup>15</sup>

Theology and Christian theology are different in definition and theory. Theology is the study of God. Christian theology is the study of knowing God through Jesus Christ. Donald K. McKim defines Christian theology as “The body of beliefs and doctrines that constitute the Christian faith.”<sup>16</sup> The Bible supports the discipline of theology in the Old Testament. Jeremiah said, “Thus says the Lord: ‘Let not the wise man boast in his wisdom, let not the mighty man boast in his might, let not the rich man boast in his riches. But let him who boasts boast in this, that he understands and knows me, that I am the Lord who practices steadfast love, justice, and righteousness in the earth.’”<sup>17</sup>

Theology involves knowing and understanding God. Jesus says, “If you had really known me, you would know who my Father is. From now on, you do know him and have seen him!”<sup>18</sup> Service members unaffiliated with Christianity may benefit positively from the study of theology. Theology seeks to give the reader a reason and a purpose for their existence and occasional misfortune. Because of the pluralistic composition of the military intelligence community and the Navy Information Operations Command Georgia, this project will focus on theology as a ministry solution. Theology informs theological anthropology, which will be used to develop a pastoral care and counseling resiliency model.

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<sup>15</sup> Edward P. Shafranske and Len Sperry, “Addressing the spiritual dimension in psychotherapy: Introduction and overview,” in *Spiritually Oriented Psychotherapy*, ed. Edward P. Shafranske and Len Sperry, American Psychological Association, 2005, 11-29, <https://psycnet.apa.org/doi/10.1037/10886-001>.

<sup>16</sup> McKim, *Westminster Dictionary of Theological Terms*, 47.

<sup>17</sup> Jeremiah 9:23-24.

<sup>18</sup> John 14:7.

## Theological Anthropology

Theological anthropology concerns human beings and their relationship with God. It is an assessment of human nature, which includes humankind's sinful proclivities. It assesses both humanity's greatness and misery as revealed in the scriptures and manifested in humanity's struggle between its divine purpose and existential disruption.<sup>19</sup> Theological anthropology seeks to clarify what it means to be human. It is a combination of multiple things concerning creation, revelation, sin, suffering, and existence. It seeks to explain why human beings prosper, but also suffer.

In addition, theological anthropology addresses humankind's relationship to God compared to other species. Sin is the corruption of the relationship with God, indicating humans are constitutionally opposed to God. In the book of Genesis, God punishes Adam and Eve for their indiscretion and sinfulness. This punishment not only affected them, but every human that succeeded them. Sin became the cause of humanity's distress and suffering. Because humanity can be evil, frequently committing evil actions, suffering is a part of the world in which humans live, interact, and exist. Theological anthropology seeks to explain sin and its consequences to humanity's relationship with God.

The classic formation of theological anthropology is the creation story and fall of Adam and Eve in the Garden of Eden (Genesis 1-3). The focus was on Adam who is the paradigm of human nature. Through Adam, two major themes develop within theological anthropology: human nature and man's communion with God. Likewise, theological anthropology deals with the restoration of the human relationship with God through the

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<sup>19</sup> Donald W. Musser and Joseph L. Price, *A New Hand-Book of Christian Theologians* (Nashville, TN: Abingdon Press, 1996), 102.

life, death, and resurrection of Jesus Christ. It provides hope for life and resurrection through reconciliation with God.<sup>20</sup>

Human nature, in light of theological anthropology, is interrelated to the project hypothesis. Human nature is “that which constitutes the human person and is used to explain certain actions or behavior.”<sup>21</sup> It denotes characteristics such as thinking, feeling, and acting. The term signifies the essence of humankind and what it means to be human. Holy Scripture supports theological anthropology. David said, “Search me, O God, and know my heart; test me and know my thoughts.”<sup>22</sup> Paul in the New Testament says, “And God, who searches the heart, knows what the mind of the spirit is, because the spirit intercedes for the saints according to the will of God.”<sup>23</sup> The project hypothesis seeks to develop a pastoral care and counseling resiliency model for persons with different personality traits such as introversion and extraversion within the military intelligence community.

Theological anthropology, in part, deals with the nature of civilization, the thoughts, feelings, emotions, and actions of humanity. It explains people’s reaction to stress, trouble, relationship issues, and grief and loss. Moreover, it deals with humanities actions such as the need for recognition, which in reality is a need for justification. This justification wrestles with whether the individual’s existence matters and has meaning and purpose. If the individual’s life does not have purpose, it deals with finding

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<sup>20</sup> Peter C. Hodgson and Robert H King, *Christian Theology: An Introduction to Its Traditions and Tasks* (Minneapolis, MN: Fortress Press, 1994), 168.

<sup>21</sup> McKim, *Westminster Dictionary of Theological Terms*, 134.

<sup>22</sup> Psalm 139:23.

<sup>23</sup> Romans 8:27.

justification for their existence in light of God. It also deals with the process in finding meaning and purpose.<sup>24</sup>

Within the military intelligence community, a number of service members struggle with self-identity, self-worth, and self-esteem. By studying human nature, a pastoral care and counseling resiliency model can be developed that teaches purpose, hope, oneness with God, and reassurance for the things to come. This theological discourse has immense implications regarding the theory and practice of counseling. It seeks to place God within the context of problem solving. God is visible through spirituality or religious discourse.

In considering theological anthropology, one must remember and acknowledge that God created humanity, thereby, knowing and understanding humanity better than numerous psychological studies or dissertations could detail. Christians believe God shaped man in God's image and likeness.<sup>25</sup> David asked God, "Who is man, that you are mindful of him? Or the son of man, that you care for him?"<sup>26</sup> For you have made him a little lower than the angels and crowned him with glory and honor."<sup>27</sup> Because God made man, studying theological anthropology will provide an insight into the nature of man, which consists of flaws, strengths, weaknesses, problems, and opportunities for growth and resiliency. Studying theological anthropology can contribute to understanding trauma theology and lead to developing a pastoral care and counseling resiliency model.

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<sup>24</sup> Brian Gregor, *A Philosophical Anthropology of the Cross: The Cruciform Self* (Bloomington, IN: Indiana University Press, 2013), 39-40, <http://jstor.org/stable/j.ctt16gzjvj>.

<sup>25</sup> M.C. Steenberg and Steenberg, *Of God and Man: Theology As Anthropology from Irenaeus to Athanasius* (London, UK: Bloomsbury Publishing Plc., 2009), 1-2, ProQuest Ebook Central.

<sup>26</sup> Psalm 8:4-5.

<sup>27</sup> Psalm 4:4-6.



### *Trauma Theology*

Since September 11, 2001, America has been engaged in constant warfare and military conflict around the globe. This constant warfare has exposed thousands of service members and veterans to the harsh and traumatic realities of war. The dictionary defines trauma as “a disordered psychic or behavioral state resulting from severe mental or emotional stress or physical injury.”<sup>28</sup> Service members returning home from combat and military conflict often experience PTSD, combat operational stress reactions (COSRs), and other mental health disorders.

PTSD is the display of the brain’s attempt to cope with trauma but failing to do so in a healthy and adequate manner. PTSD is a trauma and stress-related disorder. Symptoms may include disturbing thoughts, feelings, or dreams related to events and mental and physical distress. COSRs are “physical, emotional, cognitive, or behavioral reactions, adverse consequences, or psychological injuries of service members who have been exposed to stressful or traumatic events in combat or military operations.”<sup>29</sup>

PTSD and COSRs both involve the psychological and emotional stresses encountered because of repeated exposures to the dangers and demands of combat. Dirk Lange suggests that a traumatic event is a shock of survival with the survivor constantly searching for answers concerning why they survived. Lange argues that trauma is a

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<sup>28</sup> Merriam-Webster Incorporated, *Merriam-Webster’s Collegiate Dictionary* 11<sup>th</sup> ed (Springfield, IL: Merriam-Webster, Inc., 2004), 723.

<sup>29</sup> “Combat and Operational Stress Reactions,” Combat and Operational Stress Control, The Official Website of the Military Health System, <https://health.mil/Military-Health-Topics/Centers-of-Excellence/Psychological-Health-Center-of-Excellence/Psychological-Health-Readiness/Combat-and-Operational-Stress-Control/COSRs>.

continual awakening to an event not fully understood, because of its incompleteness is being relived within the present moment continuously.<sup>30</sup>

Trauma theology seeks to provide the holistic framework to provide mental and emotional support to persons affected by trauma by taking into consideration the impact of spirituality upon resilience. Trauma theology is a pastoral theology that seeks to incorporate clinical approaches to trauma and spiritual resources as a therapeutic approach for resiliency. It also includes hermeneutical theology as a clarifying approach to understand how Holy Scripture addresses humanity's recovery from trauma. By using hermeneutical theology, individuals discuss human suffering and hope, and reassurance becomes liberating elements from traumatic events.

In the Biblical Foundations paper, the chosen passage of scripture is Job 19:1-27. The book of Job tells the story of a man who experiences significant trauma because he loses all ten of his children within the same day. Furthermore, he experiences trauma by having his entire livestock destroyed and financial wealth devastated. By the time his three friends arrive, Job is sitting outside, covered in sores, and unable to speak. For seven days, Job sits traumatized by the events that transpired. Job 2:13 says, "They sat with him on the ground seven days and seven nights, and no one spoke a word to him, for they saw that his suffering was very great."<sup>31</sup>

Trauma theology seeks to process the traumatic events that transpired in Job's life while addressing the emotional and psychological impact upon his mental, physical, and emotional being — while applying biblical knowledge to sustain or increase resiliency. It

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<sup>30</sup> Dirk Lange, *Trauma Recalled: Liturgy, Disruption, and Theology*, 1<sup>st</sup> ed (Minneapolis, MN: Fortress Press, 2009), 8.

<sup>31</sup> Job 2:13.

incorporates clinical methods with spiritual care as a holistic method for counseling. It considers the psychological effects of traumatic events and the therapeutic and rehabilitating ability of spirituality upon the psyche. This theology supports the Doctor of Ministry hypothesis by contributing to the framework of the pastoral care and counseling resiliency model that will decrease stress, suicidal ideations, and suicide.

Through Job, civilization realizes that humanity is not alone and that humankind's trials and tribulations are not unique.<sup>32</sup> Theologians suggest that Jesus Christ also knew what trauma, depression, loss, and stress felt like. His human side allowed him to feel hurt and experience psychosocial stressors during his thirty-three years of earthen existence. Examples of this claim would be his burden in the Garden of Gethsemane when he prayed to God to remove the bitter cup from him. Additionally, he wept at the lack of faith of those around him concerning Lazarus.

Throughout his time on earth, Jesus experienced a range of psychological discomforts. He felt exasperation while also feeling as if God had forsaken him. From the cross he spoke, "My God, my God, why have you forsaken me?"<sup>33</sup> Jesus becoming human and taking on human characteristics made him vulnerable to emotional and physical pain, thereby, enabling him to understand humanity's physical and emotional distresses.<sup>34</sup> Within my own ministry context, numerous service members have felt forsaken by God, family members, friends, coworkers, and the country and institution

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<sup>32</sup> Meg Warner, Christopher Southgate, Carla A Grosch-Miller, and Hilary Ison, *Tragedies and Christian Congregations: The Practical Theology of Trauma* (New York, NY: Abingdon, Oxon, 2020), 32, ProQuest Ebook Central.

<sup>33</sup> Mark 15:34.

<sup>34</sup> Patrick Henry Reardon, *The Jesus We Missed: The Surprising Truth About the Humanity of Christ* (Nashville, TN: Thomas Nelson, 2012), 44.

they have sworn to serve. There is a connection between Jesus and humanity because of Jesus' prior humanity. Patrick Reardon wrote, "The temptations Jesus faced, however, were not simply based on his being human. They came from demonic intrusion like the temptations of other human beings."<sup>35</sup>

Within my own life, trauma theology has helped to process traumatic events such as the brutal gang murder of several relatives including my nephew, cousins, and close friends. In addition, it has helped to process and explain to military commands and units, in which I have served, the brutal murder of sailors by family members, and marines by suicide and combat related deaths. Trauma theology has also aided in understanding the premature death of my niece and neighbor. It has provided a framework for resiliency and personal care. Trauma theology supports practical theology and is capable of developing a pastoral care and counseling resiliency model.

### *Practical Theology*

Practical theology is the branch of Christian theology that concentrates on everyday concerns and shaping Christian theological principles into present, applicable, and relevant responses. It is theology concentrated on the work of the church, in particular, the ministry of pastoral care. Donald K. McKim defines pastoral care as "the practical expression of the church's ministry of love, serving the needs of the community, the people of God, and individuals."<sup>36</sup> Due to its concentration on the everyday practice of the Christian faith, similar terms describe this field of theology such as pastoral care and

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<sup>35</sup> Reardon, *The Jesus We Missed*, 45.

<sup>36</sup> McKim, *Westminster Dictionary of Theological Terms*, 202.

counseling. The focus of practical theology includes mental health, depression, and providing relevant solutions for resiliency and recovery.

In addition, practical theology is a theory of crisis because of the contemporary problems that theology addresses. In times of crisis, the world looks to the church and theology for relevant answers and solutions to dire challenges and societal disturbances such as police brutality, racial equality, public health, and gender inclusiveness. Within these moments, practical theology offers advice for societal issues. Due to its problem of solving issues, practical theology is a theory of action. This discipline puts theories and concepts into praxis for solutions and life changing rewards.<sup>37</sup> Within the ministry context, practical theology will offer relevant solutions and pastoral care for the second leading problem within the military intelligence community, which is suicide.

The theological field of practical theology is crucial to the Doctor of Ministry project. This branch of theology directly contributes to the pastoral care and counseling resiliency model that I hypothesize: if a pastoral care and counseling resiliency model is developed that teaches spirituality as a coping mechanism for different personality traits, then suicidal ideations within the military intelligence community will decrease. It addresses the concerns of mental health disorders, depression, psychosocial stressors, suicidal behaviors and ideations, and suicide. This field of theology contributes to the ministry solutions that I suggest will decrease psychosocial stressors while increasing resiliency.

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<sup>37</sup> Gerben Heitink, *Practical Theology: History, Theory, Action Domains, Manual for Practical Theology* (Grand Rapids, MI: Wm. B. Eerdmans Publishing Co., 1999), 2.

In practical/pastoral theology, wide-ranging theories of insight and methodology often take place, and logical combinations are visible with insight into the ministerial task within the life and work of the church.<sup>38</sup> The ministerial task within the scope of the research project is increasing resiliency to decrease suicide within different personality traits throughout the military intelligence community. Within this project, the military intelligence community is the church and ministry field. Service members within this context may or may not identify with religion. However, spirituality encompasses more than a belief in a higher being. Spirituality is a connection to something larger than one is such as a close family network or connectedness to nature. Humans express meaning through purpose; and the way in which they experience their connectedness to the moment, self, others, God, and the universe is by and through method.

### **Conclusion**

In an effort to increase resiliency through spirituality, one could argue that spirituality deals with the overwhelming inward concerns of humanity. Spirituality focuses on human wholeness and well-being beyond the physical and emotional. Those who practice some form of spiritual discipline tend to be more resilient with less stress and better coping skills.<sup>39</sup> By studying theological anthropology, a pastoral care and counseling resiliency model that incorporates spirituality as a coping mechanism is possible to develop. This model will encourage those within the military intelligence

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<sup>38</sup> David F. Ford, *The Modern Theologians*, 2<sup>nd</sup> ed (Hoboken, NJ: Blackwell Publishers Ltd., 1997), 701-702.

<sup>39</sup> Ray Sherman Anderson, *Spiritual Caregiving As Secular Sacrament: A Practical Theology for Professional Caregivers*, Practical Theology Series (London, UK: Jessica Kingsley, 2003), 11-12. ProQuest Ebook Central.

community to seek meaning and purpose for their individual lives by asking the questions, “Am I living the way that I should” and “Is it good that I am?” Anthropology theology is self-interpretation and self-evaluation which fosters a sense of self-identity, meaning, and purpose.<sup>40</sup>

Because pastoral care and counseling combines pastoral work with information from the behavioral sciences, utilizing trauma theology within the resiliency model will address psychological distresses.<sup>41</sup> This will allow service members the opportunity to heal from past trauma and life hurt while growing and making positive changes within their personal and professional lives. Additionally, this model and process will provide opportunities for service members to find inward direction from spirituality which may include religious convictions. Furthermore, the counseling process and model will assist service members in finding meaning and purpose, thereby increasing resiliency and decreasing psycho stressors and suicidal ideations and suicide. During the counseling process, past issues such as trauma, abuse, loss, and rejection are forefront to begin the holistic approach to healing.

Shelly Rambo suggests that Jesus instructed his disciples to touch the wounds of those forgotten by society, and that Jesus now bears those wounds. Service members often return home from war with the wound of PTSD and encounter the struggle of after-living. These invisible wounds of war allow myriad emotions to take place such as anger,

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<sup>40</sup> Gregor, *A Philosophical Anthropology of the Cross*, 39-40.

<sup>41</sup> John Swinton and David Willows, *Spiritual Dimensions of Pastoral Care: Practical Theology in a Multidisciplinary Context* (London, UK: Jessica Kingsley Publishers, 2001), 90, ProQuest Ebook Central.

shame, loneliness, confusion, and suicide.<sup>42</sup> Trauma is a wound that Jesus understands and is concerned about. Through counselors and clinicians, Jesus seeks to heal the wounds of those injured by life. Rambo suggests that suffering will come, and that suffering is necessary to bring about victory. She calls Jesus the “soldier-savior.”

By combining the disciplines of practical theology, (commonly referred to as pastoral care and counseling), trauma theology, and theological anthropology, a resiliency model that incorporates spirituality as a coping mechanism will decrease suicidal ideations and suicide within the military intelligence community. Through counseling, service members will be able to tell their stories, have someone witness their stories, and then start telling new stories of triumph, healing, and acceptance, thereby assisting in reprogramming what the brain thinks.<sup>43</sup>

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<sup>42</sup> Shelly Rambo, *Resurrecting Wounds: Living in the Afterlife of Trauma* (Waco, TX: Baylor University Press, 2017), 101-111, ProQuest Ebook Central.

<sup>43</sup> Serene Jones, *Trauma+Grace: Theology in a Ruptured World* (Louisville, KY: Westminster John Knox Press, 2009), 32, ProQuest Ebook Central.



## **CHAPTER FIVE**

### **INTERDISCIPLINARY FOUNDATIONS**

#### **Introduction**

The interdisciplinary field of study for this research project is mental health. Mental health includes our emotional, psychological, and social well-being. It affects how we think, feel, and act. It also helps to determine how we handle stress, relate to others, and make life choices.<sup>1</sup> Although the terms mental health and mental illness may appear synonymous, the two terms are different. An individual can experience poor mental health and not have a mental illness. Positive mental health allows individuals to realize their full potential, cope with the stresses of life, rebound from adversity, and work productively while contributing to their communities of influence.

Mental illness, also referred to as mental health disorders, refers to a wide range of mental health conditions. Mental health disorders affect your mood, thinking, and behavior. Mental illness may include depression, anxiety disorder, schizophrenia, eating disorders, addictive behaviors, and destructive behaviors that include suicidal ideations and suicide.

Individuals may experience mental health concerns periodically. However, a mental health concern becomes a mental illness when prolonged signs and symptoms

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<sup>1</sup> “What is Mental Health,” Basics, Mental Health, <https://www.mentalhealth.gov/basics/what-is-mental-health>.

cause frequent stress and affects a person's ability to function properly. Around one in five adults has a mental illness within a twelve-month period. Mental illness can begin at any age, and the effects can be temporary or long-term. Mental illness can cause a person to be depressed, have suicidal ideations, and attempt suicide. It may also lead to significant problems in a person's daily interactions, marriage, relationships, along with work and school life. Within the military, poor mental health is a leading contributor to suicidal ideations and suicide.

Signs and symptoms of mental illness may vary depending on the disorder or circumstances. Examples of signs and symptoms include:

- Feeling sad or down for prolonged intervals of time.
- A person withdrawing from family, friends, and routine activities that once provided joy and fulfillment.
- Having extreme mood changes of highs and lows with no apparent reason.
- Having problems with alcohol and drug use including alcohol abuse and dependency.
- An individual displaying excessive anger, hostility, or violence towards others at home, work, or school.
- A person having thoughts of suicide that may include suicidal ideations or plans to harm themselves or others as a means to end the pain or discomfort associated with life.

Numerous causes contribute to mental health illnesses such as inherited traits, exposures to illicit and controlled substances before birth, and brain chemistry. Risk factors include:

- A history of mental illness and depression within an individual's immediate family: parents and siblings
- Stressful life situations such as a divorce, financial difficulties, legal issues, death of a loved one, or family conflicts
- Brain damage from a serious accident or post-traumatic stress disorder (PTSD) in military personnel involved in war and conflict
- Use of alcohol, recreational, controlled, or illicit drugs
- A childhood of abuse, sexual assault, and neglect, especially if the issues are unresolved or untreated.

The chosen interdisciplinary theory for this research project is the cognitive behavioral theory. The cognitive behavioral theory is the study of human psychology that addresses the different aspects of human personality and behavior. Cognitive behavioral theory explains how thoughts, feelings, and behaviors interact. It focuses on how certain thoughts lead to certain feelings which in turn lead to certain behavioral responses. In cognitive behavioral theory, thoughts are changeable; hence, these changing thoughts can change an individual's emotions and behaviors. Furthermore, changing a person's behaviors can also change how a person feels and thinks.

A person's behavioral pattern is identifiable by their thought process, emotional reactions, and responses to life situations. From cognitive behavioral theory, a treatment method has been advanced called cognitive behavioral therapy (CBT). Cognitive

behavioral therapy is a psychosocial intervention that seeks to improve mental health. It is “a group of therapeutic approaches sharing a common philosophical belief that emotional and behavioral experiences are caused by thoughts, beliefs, and cognitions rather than external events.”<sup>2</sup> “Cognitive-behavioral theory is phenomenological in that it assumes that behavioral responses are a function of an individual’s perception of events, rather than the events themselves.”<sup>3</sup> CBT methodologies originate in the fundamental principle that an individual’s cognitions play an important and principal role in the development and maintenance of emotional and behavioral responses to life situations.<sup>4</sup>

Cognitive behavioral therapy treats individuals suffering from depression and anxiety. The therapy focuses on changing cognitive distortions such as thoughts, beliefs, and attitudes — while also changing behaviors and improving emotional stability.<sup>5</sup> CBT seeks to establish personal coping skills that focus on current problem solving, thereby reducing stress and improving mental and emotional well-being. Cognitive behavioral therapy is talk therapy that helps individuals become aware of negative and inaccurate thinking to perceive challenging situations more clearly and respond positively. Because

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<sup>2</sup> Thomas A. Field, Eric T. Beeson, Laura K. Jones, *The New ABCs: A Practitioner’s Guide to Neuroscience-Informed Cognitive-Behavior Therapy*, [https://web.archive.org/web/20160815153718/http://www.n-cbt.com/uploads/7/8/1/8/7818585/n-cbt\\_researchpacket\\_newabcsmanuscript\\_advancecopy.pdf](https://web.archive.org/web/20160815153718/http://www.n-cbt.com/uploads/7/8/1/8/7818585/n-cbt_researchpacket_newabcsmanuscript_advancecopy.pdf).

<sup>3</sup> Michel Hersen and Alan M. Gross, *Handbook of Clinical Psychology: Volume 2: Children and Adolescents* (Hoboken, NJ: John Wiley & Sons, Inc., 2008), 694, [https://www.researchgate.net/profile/Christine-Wekerle/publication/232542343\\_Child\\_maltreatment/links/59ee5eac4585154350e80ef1/Child-maltreatment.pdf#page=281](https://www.researchgate.net/profile/Christine-Wekerle/publication/232542343_Child_maltreatment/links/59ee5eac4585154350e80ef1/Child-maltreatment.pdf#page=281).

<sup>4</sup> A. Antonio González-Prendes and Stella M. Resko, “Cognitive Behavioral Theory,” Sage Publications, Inc., [https://www.sagepub.com/sites/default/files/upm-binaries/40689\\_2.pdf](https://www.sagepub.com/sites/default/files/upm-binaries/40689_2.pdf).

<sup>5</sup> BarCharts, *Psychology: Abnormal* (Boca Raton, FL: BarCharts, Inc., 2013), ProQuest Ebook Central page.

CBT is a discourse treatment, counselors often use it to treat PTSD, anxiety, depression, and other mental health disorders.

Clinicians use cognitive behavioral therapy when drug treatment is not in the best interest of the individual. Additionally, clinicians use CBT to manage mental illness, prevent relapses of mental health symptoms, learn techniques to deal with stressful situations, and deal with loss and grief. In addition, CBT identifies ways to manage emotions, resolve relations problems, and cope with medical challenges.<sup>6</sup> Because cognitive behavioral theory produces cognitive behavioral therapy, which is a talk therapy, integrating spirituality as a coping mechanism will be effectual for solving life problems and sustaining resiliency within the military intelligence community.

### **Cognitive Behavioral Therapy**

Cognitive behavioral therapy, which is a treatment resource of the cognitive behavioral theory, represents a combination of behavioral and cognitive theories of human behavior, psychopathology, and a combination of emotional, family, and peer influences. There are several subclasses of the psychotherapy cognitive behavioral therapy such as rational emotional behavior, cognitive rational living, and dialectical behavioral therapy.

Rational emotional behavior focuses on helping people deal with irrational beliefs and learn how to manage their emotions, thoughts, and behaviors in a healthier, more

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<sup>6</sup> Mayo Clinic, “Cognitive Behavioral Therapy,” <https://www.mayoclinic.org/tests-procedures/cognitive-behavioral-therapy/about/pac-20384610>.

realistic way.<sup>7</sup> This therapy encourages the development of rational thinking to facilitate healthy emotional expression and behavior.<sup>8</sup> Cognitive behavioral therapy builds a skillset that enables persons to be aware of their thoughts and emotions and improve feelings by changing dysfunctional thoughts and behaviors.<sup>9</sup> Dialectical behavior therapy treats chronically suicidal individuals diagnosed with borderline personality disorder.<sup>10</sup> Cognitive rational living is the philosophy of living an ethical life that makes one's life meaningful.<sup>11</sup> The overall focus of the different subclasses of psychotherapy is to treat the mental and emotional health of individuals through nonmedical techniques that concentrate on changing thoughts and behaviors. To understand the cognitive behavioral theory, certain fields of study and their connection to CBT are relevant for this study.

### *Psychology*

Psychology is the field of study concerned with human behavior (how people act and the reasons why they behave as they do).<sup>12</sup> Psychology is the science of mind and

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<sup>7</sup> Kendra Cherry, "What is Rational Emotive Behavior Therapy (REBT)?," Verywell Mind, July 13, 2021, <https://www.verywellmind.com/rational-emotive-behavior-therapy-2796000#:~:text=Rational%20emotive%20behavior%20therapy%20%28REBT%29%20is%20a%20type,and%20behaviors%20in%20a%20healthier%2C%20more%20realistic%20way.>

<sup>8</sup> Good Therapy, "Rational Emotive Behavioral Therapy (REBT)," <https://www.goodtherapy.org/learn-about-therapy/types/rational-emotive-behavioral-therapy>.

<sup>9</sup> J. A. Cully and A. L. Teten, "A Therapist's Guide to Brief Cognitive Behavioral Therapy," Department of Veterans Affairs, South Central Mental Illness Research, Education, and Clinical Center (MIRECC), 2008, [https://athealth.com/wp-content/uploads/2014/03/Guide\\_CBT\\_03-14.pdf](https://athealth.com/wp-content/uploads/2014/03/Guide_CBT_03-14.pdf).

<sup>10</sup> About Us, University of Washington Center for Behavioral Technology, "Dialectical Behavior Therapy," <https://depts.washington.edu/uwbtrc/about-us/dialectical-behavior-therapy/>.

<sup>11</sup> California Cognitive Behavioral Institute, "A Guide to Rational Living Therapy," <https://theccb.com/a-guide-to-rational-living-therapy/>.

<sup>12</sup> John J. B. Morgan, *The Scientific Attitude* (New York, NY: Farrar & Rinehart Publishers, 1941), 5, ProQuest Ebook Central.

body that studies the conscious and subconscious, including thoughts and feelings. Its aim is to understand the behavior of individuals or a group of people, including mental and emotional reactions. Counselors use psychological knowledge in the assessment and treatment of mental health problems. Additionally, counselors use psychological knowledge in understanding and solving problems in human activity. Psychology ultimately aims to benefit society. Cognitive behavioral theory evolved from psychology as cognitive and behavioral theories combined.

### *Cognitive psychology*

Cognitive psychology is the study of brain activity including thinking, perception, memory, attention, language, learning, and problem solving. Psychologists within this discipline generally use cognitive behavioral therapy as a talk therapy to treat individuals experiencing stress, grief and loss, and PTSD. Cognitive psychology highlights the therapeutic benefits of talk therapy in the form of CBT. The Cognitive behavioral therapy undergirds cognitive psychology as a treatment method. The military intelligence community could use this treatment method to address PTSD, trauma, vicarious trauma, and psychosocial stressors. Psychosocial stressors are mental tensions associated with a person's social interactions with others.

### *Psychotherapy*

Psychotherapy is the treatment of mental illnesses by psychological methods rather than medical means. Throughout psychotherapy, individuals learn about their mental condition and emotional side such as moods, feelings, thoughts, and behaviors.

Psychotherapy enables persons to discover approaches to effectively manage difficult situations within their lives and respond with healthy coping skills.<sup>13</sup>

Psychotherapy can treat anxiety disorders such as PTSD, mood disorders, addictions, and personality disorders. It is helpful in resolving conflict, relieving stress, helping to cope with major life changes and recovering from physical or sexual abuse. It may also help with learning new ways to deal with unhealthy reactions and major health concerns. Cognitive behavioral theory is an approach and school of thought of psychotherapy.

Cognitive behavioral theory and cognitive behavioral therapy are essential to my research project because it addresses the mental health concerns of the military intelligence community while providing effective counseling skills as a treatment method. Cognitive behavioral theory deals with stress, anxiety, PTSD, and mental health disorders while providing therapeutic means for recovery, resiliency, and well-being. The selected field of study will assist in developing a pastoral care and counseling resiliency model that uses spirituality as a coping mechanism by addressing mental health and recovery within military service members.

### *Biblical Foundations*

The selected field and theory interact with the biblical foundations because it addresses the mental health, recovery, and resiliency of Job and his wife within the book of Job. The biblical foundations addressed Job 19:1-27. In this passage, we see grief,

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<sup>13</sup> Mayo Clinic, "Psychotherapy," <https://www.mayoclinic.org/tests-procedures/psychotherapy/about/pac-20384616>.



heartache, suffering, mental despair, loss, and emotional despondency. The book of Job, in its entirety, explores the mental health and therapy of Job and his wife after experiencing extreme catastrophes, overwhelming adversities, severe losses, and debilitating trauma because of sudden and repeated loss. The Old Testament book and biblical foundations addresses suffering, overwhelming stress, debilitating thoughts, and suicidal ideations and attempts.

The book of Job explores psychosocial stressors such as tragic loss of life and possessions, marital trouble, estrangement from family and friends, condemnation, and overwhelming depression. Job suddenly suffers severe misfortune, tremendous loss, financial and emotional devastation, and physical illness. He lost his children, economic wealth, and his wife told him to curse God and die. His three friends condemn him as a sinner and one who is unfaithful to God. Job and his wife experience traumatic events throughout the book of Job. Experiencing trauma, Job, when his three friends arrive, sits in silence without talking for seven days and seven nights. Moreover, he is sitting on the ground in ashes strapping his sores. Additionally, his wife is so traumatized, angry, and mentally and emotionally injured that she speaks erratically to the level that Job says she spoke as a foolish woman.

The mental and emotional recovery of Job and Mrs. Job did not require drug treatment or psychological hospitalization, but their recovery required talk therapy. Although Job's three friends further afflicted Job with their accusations, their discourse allowed him to work through his emotions and thoughts by utilizing talk therapy. The Old Testament talk therapy would be equivalent to today's cognitive behavioral therapy. Although his wife's comments were erratic, it allowed her to express what she felt and

needed to change to heal mentally, spiritually, and emotionally. Job and his wife had lost seven sons and three daughters in the same traumatic accident. Expressing their thoughts allowed them to begin the healing process by explaining their emotions, managing their challenging situations, and changing their negative thoughts and behaviors.

Albert Ellis, founder of the first form of the cognitive behavioral therapy, said, “People are disturbed not by things, but by the view which they take of them.”<sup>14</sup> The cognitive behavioral theory will help to examine and explain the thoughts, emotions, and behaviors of Job and his wife, while highlighting a counseling method that can be used for mental recovery, resiliency, and spirituality.<sup>15</sup> The selected theory emphasizes the therapeutic ability of verbal therapy in managing trauma such as PTSD, loss, mental illness, and high stress levels. In addition, the selected theory will help to develop an informed pastoral care and counseling resiliency model that seeks to change behavior as defined by the cognitive behavioral theory.

By focusing on spirituality as a coping mechanism, the behavior of service members within the military intelligence community changes to address challenges through healthy approaches rather than destructive behaviors such as suicidal ideations and suicide. Spirituality is an individual practice that deals with peace, purpose, and hope. It generally refers to the things that give meaning and purpose in life, including the practice of a philosophy, religion, or a way of living.<sup>16</sup>

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<sup>14</sup> Elysium Healthcare, “Cognitive Behavioral Theory,” <https://www.elysiumhealthcare.co.uk/cognitive-behavioural-therapy-people-disturbed-not-things-view-take/>.

<sup>15</sup> Simon Robinson, *Spirituality, Ethics and Care* (London, UK: Jessica Kingsley Publishers, 2008), 21-22, ProQuest Ebook Central.

<sup>16</sup> John E. Carroll and Bill McKibben, *Sustainability and Spirituality* (Albany, NY: State University of New York Press, 2004), 4, ProQuest Ebook Central.

Spirituality is different from religion which is a specific set of organized beliefs and practices shared by a community of faith. Spirituality is an important tool in building and sustaining resiliency within military personnel. Examples of spirituality include commitment to family, love of life, morale, and the practice of faith. Spirituality can help service members understand their stress issues spiritually, psychologically, and physiologically. It can help service members rebuild their identity while accepting themselves. It helps with gaining meaning in their daily lives. Spirituality can help process loss and grief.

From a religious perspective, spirituality can help identify therapeutic spiritual disciplines to bring service members closer to God or a sacred supreme being. It can help individuals experience forgiveness and the act of forgiving others who have wronged them. Additionally, spirituality can help connect persons to support systems such as family, friends, and the church that provide support and assistance in stressful times. Lastly, spirituality can help reintegrate military service members into society as strengthened men and women who are resilient and positive influences for others experiencing psychosocial stressors.<sup>17</sup>

Spirituality may affect a number of stressful symptoms and situations. Mental health professionals often incorporate spiritual beliefs and practices into courses of treatment. For service members who have experienced mental and emotional trauma, spirituality can positively affect their recovery and wellbeing.<sup>18</sup> Spirituality has the ability

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<sup>17</sup> Martin Fowler, Michael Weiss, and John L. Hochheimer, *Spirituality: New Reflections on Theory, Praxis and Pedagogy* (Oxford, UK: Inter-Disciplinary Press, 2012), 147-148, ProQuest Ebook Central.

<sup>18</sup> Fowler, Weiss, and Hochheimer, *Spirituality*, 147-148.

to address isolation and social withdrawal by providing a support system, healthy relationships, and communities of care and help.

Spirituality can lead to self-forgiveness and empathy for self. Within the realm of depression, many individuals find it hard to forgive themselves for previous mistakes. Spirituality helps to liberate individuals.<sup>19</sup> The Bible says, “He whom the son sets free is free indeed” (John 8:36). Beliefs and practices related to forgiveness can help people with anger, anxiety, and hostility that often lead to social isolation and poor relationships with colleagues, family, friends, and significant others.

Within the Doctor of Ministry project, spirituality will serve as a coping mechanism that will reduce psychosocial stressors that contribute to high stress, suicidal ideations and behaviors, and suicide. This pastoral care and counseling resiliency model will decrease suicidal ideations and suicide. By utilizing the cognitive behavioral theory, I can develop a model that seeks to change negative behaviors by replacing negative tendencies with positive inclinations.

### *Theological Foundations*

The selected theory of cognitive behavioral theory interacts with the theological foundations because it informs the three chosen theological fields of theological anthropology, trauma theology, and practical theology. Within the discipline of theological anthropology, the cognitive behavioral theory explains the different aspects of human personality and behavior. Like anthropology theology, the cognitive behavioral

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<sup>19</sup> Documents, Headquarters Marine Corps, “Managing Combat & Operational Stress,” [https://www.iimef.marines.mil/Portals/1/documents/PWYE/Toolkit/MAPIT-Modules/COSC/Managing%20Combat%20and%20Operational%20Stress\\_a%20Handbook%20for%20Marines%20and%20Families.pdf](https://www.iimef.marines.mil/Portals/1/documents/PWYE/Toolkit/MAPIT-Modules/COSC/Managing%20Combat%20and%20Operational%20Stress_a%20Handbook%20for%20Marines%20and%20Families.pdf).

theory studies human life, thoughts, feelings, and behavior. It focuses on how certain thoughts lead to certain feelings, which in turn lead to certain behavioral responses. According to the cognitive behavioral theory, thoughts are changeable, thereby changing thoughts can change an individual's emotions and behaviors, thus changing how they respond to adversity and psychosocial stressors.

By studying the cognitive behavioral theory, a model for personal resiliency develops in light of human suffering, negative emotions, and spirituality. Because theological anthropology deals with the nature of civilization, the thoughts, feelings, emotions, and actions of humanity and it seeks to explain people's reaction to stress, trouble, relationship issues, and grief and loss, cognitive behavioral theory compliments the discipline in its work.<sup>20</sup> Anthropology theology incorporates the spiritual, whereas the cognitive behavioral theory incorporates the psychological within the work of changing negative behavior for positive outcomes.

Within the field of trauma theology, the cognitive behavioral theory focuses on the brain's response to traumatic life events while offering non-medical therapeutic processes to improve thought patterns and behaviors. Trauma theology is a pastoral theology that seeks to incorporate clinical approaches to trauma and spiritual resources as a healing approach for resiliency. Trauma theology seeks to understand the brain's reactions to real world events and incorporate spirituality and religion into counseling methods. Trauma theology focuses on psychological knowledge and praxis.

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<sup>20</sup> Charles Cameron, "An Introduction to Theological Anthropology," *Evangel* 23.2 (Summer 2005): 53-61, 2005, [https://theologicalstudies.org.uk/pdf/anthropology\\_cameron.pdf](https://theologicalstudies.org.uk/pdf/anthropology_cameron.pdf).

The circumstances associated with trauma are physical events with psychological reactions. Cognitive behavioral theory provides the framework to understand the brain's reactions to trauma. Cognitive behavioral theory combined with trauma theology seeks to improve mental and emotional activities within traumatic situations in light of spirituality and religion. Cognitive behavioral theory suggests that a person's thought process, emotional reaction and how they process traumatic events can be changed through talk therapy.

Combining the two disciplines builds on the effort to address psychological issues through non-pharmaceutical methods. By further incorporating spirituality into the talk therapy, an additional coping skill and resource will be introduced to the military intelligence community to decrease psychosocial stressors and reduce suicidal ideations and suicide. Both disciplines seek to understand the brain's thought processes and provide psychological, therapeutic responses that focus on changing thought patterns and mental responses for recovery and resiliency.

In the area of practical theology, which is commonly referred to as pastoral care and counseling, the focus is on mental health, depression, and providing relevant solutions for resiliency and recovery. In addition, practical theology is a theory of crisis because of the modern problems that theology addresses. As a theory of crisis, practical theology responds to severe challenges and societal conflicts such as police brutality, racial equality, public health, and gender inclusiveness. Within these moments, practical theology offers advice for societal issues. Due to its problem-solving usage, practical theology is a theory of action.

The cognitive behavioral theory informed my understanding and praxis of pastoral care and counseling. By studying the cognitive behavioral theory, I realize the need to focus on the brain's psychological responses to trauma, stress, grief, and loss, work related challenges, societal issues and relationship problems for holistic healing and recovery. Within resiliency counseling, the focus should be on changing mental and emotional reactions to decrease stress, suicidal ideations, and suicide. Changing how a person thinks or responds to adversity will improve their overall safety and wellbeing.

The cognitive behavioral theory implies that through talk therapy such as pastoral care and counseling, an individual's emotions and behaviors may be changed. Changing how an individual thinks can improve how they feel and behave.

### *Historical Foundations*

The historical foundations concentrated on the mental health of the former president of the United States, Abraham Lincoln, and his wife, Mary Todd Lincoln. The 16th president of the United States, Abraham Lincoln, suffered from chronic depression throughout his life. At an early age, Lincoln experienced loss and grief with the passing of his siblings in infancy. His greatest emotional pain came during his childhood by the death of his mother. His first two romantic relationships ended in emotional loss that caused a significant degree of depression within his life. Friends who knew Lincoln described him as suffering from melancholy, which is a feeling of reflective sadness with no obvious reason.<sup>21</sup> Throughout his adult life, President Lincoln experienced inward

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<sup>21</sup> Glenna R. Schroeder-Lein, *Lincoln and Medicine* (Carbondale, IL: Southern Illinois University Press, 2012), 2-8, ProQuest Ebook Central.

torture over constant thoughts of failure and even contemplated suicide several times. Throughout his life, he often commented to friends that he was not mentally well.

President Lincoln's wife, Mary Todd Lincoln, suffered with severe mental disorders and outbursts of temperament throughout her life.<sup>22</sup> Mr. and Mrs. Lincoln had four boys; however, only one son lived to adulthood. Many historians believe that Mary Lincoln suffered from bipolar disorder. Additionally, she suffered from migraines and depression. In 1862, the Lincolns' son, Willie, died of typhoid fever. Devastated over his death, Mary Lincoln stayed in bed for three weeks. Due to her devastating grief, she was unable to attend Willie's funeral or provide parental care to the couple's other son, Thomas. Because of the state of her depression and additional mental illness, President Lincoln hired a nurse to provide Mrs. Lincoln with assistance. On April 14, 1865, another tragedy affected Mrs. Lincoln.

While watching a play at Ford's Theater, John Wilkes Booth shot her husband, the President, in the back of the head while the two held hands during the play. Witnessing this horrific event was a traumatic experience that caused severe mental and emotional disorders. Following the death her husband and two sons, she felt an overwhelming sense of grief and depression. Her last surviving son, Robert Lincoln, alarmed by his mother's erratic behavior after several manic episodes, had her committed to an insane asylum. Before being committed, Mary Todd attempted to commit suicide twice by overdosing. For the next three months, Mary Todd remained in an institution

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<sup>22</sup> Myra Helmer Pritchard and Jason Emerson, *The Dark Days of Abraham Lincoln's Widow, As Revealed by Her Own Letters* (Carbondale, IL: Southern Illinois University Press, 2011), 25, ProQuest Ebook Central.



without any substantial recovery due to the ineffectiveness of mental illness treatment during the 1800s.<sup>23</sup>

The cognitive behavioral theory connects with the historical foundations because it gives insight into the mind and thought procedures of Mr. and Mrs. Lincoln who dealt with depression, loss and grief, and mental illnesses. The cognitive behavioral theory identifies the different thoughts, feelings, and behavioral responses related to the repeated loss and grief they encountered throughout their lives. Additionally, it addresses the PTSD that Mrs. Lincoln experienced because of witnessing the murder of her husband in Ford's theater. The theory explains the immense depression and emotional reactions of Mrs. Lincoln and her husband throughout their lives.

Moreover, the cognitive behavioral theory highlights the effects of changing mental thoughts to improve an individual's emotions and behaviors; this is seen in President Lincoln's ability to improve his mental state and depression by refocusing his mental thoughts on his purpose in life. As discussed in the historical foundations paper, President Lincoln believed his mental illness was a motivation and not a hindrance. He believed depression and emotional turmoil are emotions used to improve a person's character.

Lincoln used his depression to examine the core of his emotions and purpose in life. These two reflections helped him to develop crucial life skills and coping mechanisms, even as his depression lingered persuasively. His character and personal resilience developed because of the strength he gained from the insights of his

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<sup>23</sup> Pritchard and Emerson, *The Dark Days of Abraham Lincoln's Widow*, 65.

depression, his creative responses to his mental disorder, and his spirituality forged out of deep suffering, perseverance, and recovery.

Abraham Lincoln believed inaction, as it relates to mental illness and remaining in a tortured state, were not viable options. He believed it was his duty to work to improve his state of being to accomplish his purpose in life. For him, humanity is born to accomplish goals, regardless of their mental state. He believed that society does not wrestle with the question, “if one lives,” but “how one lives?” For Lincoln, the issue was: not if an individual suffering from mental illness survives, but how someone with mental illness survives. For Lincoln it was not if the person diagnosed with a mental disorder lives or dies, but how an individual with a mental disorder functions in life. For him survival was key, essential, and a requirement.

After determining what his purpose in life was and the things worth living for, Lincoln focused on how he could make positive changes for his mental health and what emotional conditions he would have to endure.<sup>24</sup> As he worked diligently to improve himself, he developed self-understanding, discipline, and strategies for resiliency and success that would become the foundation of his coping skills. For Lincoln, mental health was a matter of recovery, as every individual will experience mental and emotional hurt periodically. Lincoln understood recovery to be a process of shifting from protest to ownership, to work, and to mental recuperation. He believed only by enduring struggles in life is character born. For him sadness and grief coexist with strength and happiness.

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<sup>24</sup> Joshua Wolf Shenk, “Lincoln’s Great Depression,” *The Atlantic*, October 2005, <https://www.theatlantic.com/magazine/archive/2005/10/lincolns-great-depression/304247/>.

By changing his thought pattern, Abraham Lincoln was able to change his behaviors and emotional responses to life situations, adversities, and mental challenges. By applying the concepts of the cognitive behavioral theory to the life of Lincoln, the former president's treatment plan is dissectible through a systematic methodology. By studying the life and resiliency model of President Lincoln through an informed analysis of the cognitive behavioral theory, mental health care providers can gain a comprehensive understanding of the life altering effects of the cognitive behavioral theory and its therapy.

The cognitive behavioral therapy provides a treatment plan for recovery, sustainment, and resiliency. By combining lessons learned from Lincoln's own resiliency plan with the cognitive behavioral theory and cognitive behavioral therapy, a pastoral care and counseling resiliency model can be developed that uses spirituality as a coping mechanism. Because cognitive behavioral therapy is effective in managing depression, integrating spirituality with cognitive behavioral therapy will further assist in decreasing depressive symptoms that include suicidal behavior and ideations.

By combining spirituality and the cognitive behavioral theory and cognitive behavioral therapy depression, psychosocial stressors, PTSD, trauma and suicidal behaviors and ideations are resolved through a holistic approach that promotes mental health and resiliency. The cognitive behavioral theory and spirituality both seek to replace negative thoughts with positive coping behaviors to aid with decreasing stress and emotional regulation. By decreasing stress and regulating negative thoughts and emotions, suicidal ideations and behaviors can be reduced, thereby making the military intelligence community safer and more resilient.

The main effort of the cognitive behavioral theory is to change an individual's thoughts, feelings, and behaviors for positive outcomes and improved mental and physical health. Thoughts have a negative or positive impact on a person's physical and psychological reactions. Furthermore, a person's thoughts will determine their responses to major life crises and adversity. By changing the brain's thought patterns, using spirituality, wellness of the mind, body, and soul can be achieved. This desired wellness will directly affect the rising suicides rates within the military. By using a spiritually informed cognitive behavioral therapy, an additional coping mechanism for people of faith and spirituality is attainable for resiliency and mental recovery.

### **Conclusion**

The interdisciplinary field of mental health and the theory of cognitive behavioral theory, combined with cognitive behavioral therapy and spirituality, undergird this doctoral research project by focusing on changing mental and emotional thoughts and expressions for resiliency. Cognitive behavioral therapy has proven to be effective in reducing stress and depression.<sup>25</sup> In ancient Greece, healers known as the Therapeutae, provided both spiritual and physical care. Individuals often believed that the two fields shared commonalities.<sup>26</sup> By using a spiritually informed cognitive behavioral therapy, individuals can change thoughts, feelings, emotions, and behavior through finding purpose in life or an ever-present connectedness to oneself, to others, or to an entity that

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<sup>25</sup> Judith S. Beck, "Cognitive Therapy: Basics and Beyond," *The Journal of Psychotherapy Practice and Research* 6.1 (New York, NY: Guilford Press, 1995), 71-80.

<sup>26</sup> Neil Schneiderman, Majorie A. Speers, Julia M. Silva, Henry Tomes, and Jacquelyn H. Gentry, "Integrating Behavioral and Social Sciences with Public Health," *Public Health and Religion*, (Washington, DC: American Psychological Association, 2000), 351-368.

is transcendent, such as God, nature, or the soul. A spiritually informed cognitive behavioral therapy will help to reduce stress and allow individuals to change thoughts, feelings, and emotions, thereby being more at peace, happier, and healthier. By individuals within the military intelligence community being more at peace, happier, and healthier, suicidal thoughts and behaviors, stress, psychosocial stressors, and suicide will decrease.

Because the cognitive behavioral theory concentrates on the study of human psychology that addresses the different aspects of human personality and behavior, spirituality is essential in developing new behavioral patterns. Spirituality plays an important role in the identity of an individual and redefining personalities and behaviors. Research has shown that spirituality is associated with values, hope, meaning, and life altering life changes.<sup>27</sup> Within a spiritually informed cognitive behavioral therapy, spirituality becomes an important tool within the resiliency treatment model.

In recent years, clinicians have come to realize the therapeutic benefits of spirituality within counseling models.<sup>28</sup> The cognitive behavioral therapy expanded to include spirituality as a treatment resource.<sup>29</sup> The integration of spirituality within the cognitive behavioral theory and the cognitive behavioral therapy assists in reducing depression, stress, suicidal ideations, psychosocial stressors, and suicide within the

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<sup>27</sup> Mary Linda O'Reilly, "Spirituality and Mental Health Clients," *Journal of Psychosocial Nursing and Mental Health Services* 42, no.7 (July 2004): 44-53.

<sup>28</sup> Daniel German Blazer, "Spirituality, Depression and Suicide: A Cross-Cultural Perspective," *Southern Medical Association* 11, no. 7 (2007): 735-736.

<sup>29</sup> Mark Beitel, Maria Genova, Zev Schuman-Olivier, Ruth Arnold, S. Kelly Avants, and Arthur Margolin, "Reflections by Inner-City Drug Users on a Buddhist-Based Spirituality-Focused Therapy: A Qualitative Study," *American Journal of Orthopsychiatry* 77, no. 1 (2010): 1-9.

military intelligence community. The treatment embraces the physical, emotional, social, and spiritual aspects of service members through the application of a holistic approach that addresses changing attitudes, thoughts, feelings, emotions, and behaviors.

By using a spiritually informed cognitive behavioral therapy to treat service members experiencing poor mental health, mental illness and trauma, a pastoral care and counseling resiliency model is conceivable. Because spirituality can assist in coping, this model will reduce stress, suicidal ideations, and suicide within the military intelligence community. Research suggests that spiritual individuals experience fewer physical and mental symptoms, less pain, fewer health concerns, less depression and anxiety than their counterparts with no connection to spirituality.<sup>30</sup> Using a spiritually informed cognitive behavioral therapy will strengthen the pastoral care and counseling resiliency model for the military intelligence community, thereby reducing psychosocial stressors.

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<sup>30</sup> Aaron Antonovsky, *Unraveling the Mystery of Health: How People Manage Stress and Stay Well*, 1<sup>st</sup> ed (San Francisco, CA: Hoboken NJ: 1987), 10.

## **CHAPTER SIX**

### **PROJECT ANALYSIS**

#### **Introduction**

The goal of the final research project was to present a pastoral care and counseling model that teaches spirituality to enhance resiliency to decrease suicide within the military intelligence community. It is my belief that with having a spiritual base, problems become opportunities for growth and learning rather than incapacitating obstacles. This project focused on Sailors within the military intelligence community and the two predominant types of personalities within the intelligence community: introversion and neuroticism. Furthermore, the project explored introducing spirituality as a coping skill to a scientific community with tendencies to evaluate and study what is only visible and tangible. With an often scientific, inquisitive, and skeptical mindset, there is an undeniable head-over-heart philosophy that wrestles with religion and spirituality. Resistant to believe in the unseen and reclusive in personality, many within the intelligence community lack a foundation from which to draw strength from. This project sought to enhance resiliency by providing a base called spirituality.

The title of this ministry project is “Spirituality as a Coping Mechanism to Decrease Suicide within the Military.” This doctoral project examined the hypothesis that if a pastoral care and counseling resiliency model is developed that teaches coping mechanisms for different personality traits, then chaplains can utilize the counseling

model to help service members within the military intelligence community to begin addressing the suicidal ideations they experience.

Within the ministry context, a relationship exists between low levels of resiliency in individual personality traits, such as introversion and neuroticism, which contribute to the inability to process psychosocial stressors. This inability to process psychosocial stressors leads to high levels of stress, depression, suicidal ideations, and suicide. Additionally, the lack of spirituality within the ministry context contributes to an insufficient support system that is incapable of enhancing or sustaining resiliency. Without medium to high levels of resiliency, service members within the intelligence community struggle with life stressors and life sustaining choices.

This ministry project is supported by biblical, historical, theological, and interdisciplinary foundations. These individual foundations undergird the ministry project, hypothesis, and ministry solution. By referencing these individual foundations, a pastoral care and counseling resiliency model that uses spirituality as a coping mechanism can be developed that decreases stress and psychosocial stressors — thereby reducing suicidal ideations and behaviors and suicide within the military intelligence community.

### *Biblical Foundations*

The Biblical Foundations focused on the Old Testament character Job. The selected scripture is Job 19:1-27. In this passage we see grief and loss, mental depression, extreme suffering, trauma, and resiliency. The Book of Job, in its entirety, explores human suffering and humanity's ability to remain resilient and recover from adversity.



Within the story of Job, psychosocial stressors are explored: tragic loss of life and possessions, marital trouble, estrangement from family and friends, condemnation, trauma, overwhelming depression, and suicidal behavior. The Biblical Foundations demonstrate the relationship between spirituality and resiliency. This study will contribute to the ministry solution which is a pastoral care and counseling model that uses spirituality as a coping mechanism.

Throughout the Bible, men and women have struggled with depression, suicidal ideations, and suicide. Job's story closely relates to the issues facing the military intelligence community. In studying Job, we glean a biblical perspective in coping with suffering and sickness and a model to address stress, depression, trauma, suicidal ideations, and suicide. The study of Job provides a model for personal resilience, becoming a facet of the pastoral care and counseling resiliency model that addresses trauma. The biblical foundations concentrated on the following concepts, which are lessons for resiliency and recovery:

- Pain inevitably afflicts each of us.
- Suffering is unavoidable in this life.
- Our relationship with a higher being sustains us during arduous times.
- Spirituality fosters resiliency.

Through Job, we see the role that spirituality serves in the sustainment of individuals. The Book of Job presents a model for individual resilience which is effective in building mental and emotional toughness within the military intelligence community.

*Historical Foundations*

The Historical Foundations concentrate on a former United States president, Abraham Lincoln. President Lincoln struggled with chronic depression throughout his life. In addition, his wife, Mary Todd Lincoln, suffered with extreme mental health disorders. Both President and Mrs. Lincoln contemplated suicide on multiple occasions. Furthermore, both individuals experienced trauma and vicarious trauma throughout their lives. President Lincoln developed an individual resiliency model that will contribute to the doctoral project ministry solution and pastoral care and counseling resiliency paradigm.

President Lincoln developed a resiliency model for mental health wellness and recovery. Throughout his depression, he developed coping skills and personal resilience that provide a framework to address psychosocial stressors. Abraham Lincoln's life, struggle and triumph speak to service members engaged in physical and cyber/electronic warfare that are experiencing mental illness, stress, and suicidal ideations. The military intelligence community can learn crucial coping skills through the life and triumph of a president who successfully dealt with a civil war on American soil. In studying Lincoln's coping skills and personal resilience, the connection between spirituality and resiliency is established to offer an additional coping mechanism to reduce stress, suicidal ideations, and suicide within the military intelligence community.

Within Lincoln, we see a self-directive approach in improving his mental health issues. In the self-directive approach, individuals assume the sole responsibility to solve

any and all life challenges.<sup>1</sup> This model leads to developing a personal resilience and owning the individual's own improvement and well-being.<sup>2</sup> Furthermore, it contributes to defining a person's purpose in life.<sup>3</sup> This approach contribute to the pastoral care and counseling resiliency model that will teach spirituality and resiliency to decrease suicide within the military.

### *Theological Foundations*

The Theological Foundations centered on practical theology, trauma-informed theology, and theological anthropology as ministry solutions. The Theological Foundations incorporated theological themes that support the author's hypothesis regarding the impact of spirituality upon resiliency within the military intelligence community. Additionally, the research contained within the Theological Foundations contributes to a pastoral care and counseling resiliency model for the military.

The Theological Foundations combine pastoral theology with clinical approaches to address trauma and mental health by utilizing spiritual resources as a therapeutic approach for resiliency. It also includes hermeneutical theology as a clarifying approach to understand how the Holy Scripture addresses humanity's recovery from trauma. By

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<sup>1</sup> P. Scott Richards and Allen E. Bergin, *A Spiritual Strategy for Counseling and Psychotherapy*, 2<sup>nd</sup> ed (Washington, DC: American Psychological Association, 2005), 219-249.

<sup>2</sup> Christopher G. Ellison, Jason D. Boardman, David R. Williams, and James S. Jackson, "Religious Involvement, Stress, and Mental Health: Findings from the 1995 Detroit Area Study," *Social Forces* 80, no. 1 (Oxford, NY: Oxford University Press, 2001), 215-249. <http://www.jstor.org/stable/2675537>.

<sup>3</sup> Eugene B. Gallagher, Angela L. Wadsworth, and Terry Stratton, "Religion, Spirituality, and Mental Health," *The Journal of Nervous and Mental Disease* 90, no. 10 (Lippincott Williams & Wilkins, Inc., 2002), 697-704.

using hermeneutical theology, human suffering is explained and hope and reassurance become liberating elements from traumatic events.

The Theological Foundations provides an analysis for the story of Job, President and Mrs. Lincoln, and the present-day suffering and trauma of individuals within the context of the doctoral project and the military intelligence community. The Theological Foundations identify problematic behaviors and provide a model to address destructive behaviors in a healthy manner — thereby, improving mental and emotional well-being. Additionally, the Theological Foundations assists in understanding behaviors and different personality traits found within the military intelligence community. This knowledge allows clinicians and providers to provide adequate and effective care to those in need, through an informed approach.

### *Interdisciplinary Foundations*

The Interdisciplinary Foundations centers on mental health and the cognitive behavioral theory. These two disciplines provide ministry solutions for military service members experiencing mental health illnesses, suicidal ideations, depression, and psychosocial stressors. Through this foundation, transformational knowledge is attained that gives clarity, purpose, wisdom, understanding, hope, and positive world views. This aids in changing behaviors, thoughts, and feelings — thereby, changing suicidal behaviors and decreasing depression.<sup>4</sup>

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<sup>4</sup> Alan Billings, “Pastors or Counsellors,” in *Spiritual Dimensions of Pastoral Care: Practical Theology in a Multidisciplinary Context*, ed. David Willows and John Swinton (United Kingdom: Jessica Kingsley Publishers, 2000), 37-38.

The cognitive behavioral theory explains how thoughts, feelings, and behaviors interact. It focuses on how certain thoughts lead to certain feelings, which in turn leads to certain behavioral responses. According to Cognitive Behavioral Theory, thoughts are changeable — thereby, changing thoughts can change an individual's emotions and behaviors. Furthermore, changing a person's behaviors can also change how a person feels and thinks. This theory will be essential in changing suicidal thoughts and behaviors within the ministry context and military as a whole.

A person's behavioral pattern is identified by their thought process, emotional reactions, and responses to life situations. From Cognitive Behavioral Theory, a treatment method advanced is called cognitive behavioral therapy (CBT). Cognitive behavioral therapy is a psycho-social intervention that seeks to improve mental health. It is best defined as a group of therapeutic approaches sharing a common philosophical belief that emotional and behavioral experiences are caused by thoughts, beliefs, and cognitions rather than external events.<sup>5</sup> Cognitive Behavioral Therapy will be used to treat service members experiencing mental health disorders. Each of these foundations undergirds the research project by contributing to the ministry solution.

### **Methodology**

This doctoral ministry project is a culmination of my spiritual autobiography and ministry context. Throughout my life, I have experienced family members within my own home who struggled with suicidal ideations and depression. As a pastor, I counseled

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<sup>5</sup> Delores Albarracín and Robert S. Wyer, Jr., "The Cognitive Impact of Past Behavior: Influences on Beliefs, Attitudes, and Future Behavioral Decisions," *Journal of Personality and Social Psychology* 79, no.1 (2000): 5-22, <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4807731/>.

parishioners who suffered from poor mental health and survivor's guilt as a result of losing a loved one to suicide. Within my own life, I have struggled with depression over the loss of my parents and my divorce. As a Navy chaplain, I have counseled numerous Sailors, Marines, Airmen, and Soldiers who experienced suicidal ideations and attempts. The suicide rate within the military is staggering. As previously stated, suicide is the second leading cause of death within the military.

This research project was conceived out of my life and faith journey and passion in ministry to help those who often suffer in silence and believe there is no hope for their current situation. When I started this theological journey, I was serving as the Command Chaplain for the Navy Information Operations Command Georgia (NIOC GA) with over 2,000 Sailors and over 5,500 joint service members. Once I received a top-secret security clearance and was able to interact with those who fight our nation's wars behind television screens and monitors, I quickly discovered the lack of coping resources for those who serve in the intelligence community.

This observation led me to research the mental and emotional shock, which many within this field often experience, called vicarious trauma. The quest for a solution, coupled with my own journey, led to this final project and conclusion. I believe that if a pastoral care and counseling resiliency model is developed that teaches coping mechanism for different personality traits, then chaplains can utilize the counseling model to help service members within the intelligence community begin addressing the suicidal ideations they experience. My hypothesis provides a methodology to offer counseling techniques that address suicidal ideations and suicidal behaviors within the

military intelligence community. If service members within the military intelligence community are not resilient, they will be less likely to process psychosocial stressors.

This project started on the base of Fort Gordon in Augusta, Georgia, at Navy Information Operations Command Georgia. The goal was to introduce spirituality as a coping mechanism to decrease suicide within the military intelligence community. Spirituality would be taught to chaplains to use with suicidal and stressed Sailors as an additional coping mechanism for the Sailor's resiliency and recovery. I selected my participants by asking Navy chaplains, verbally, if they would be willing to participant in a short study on the effects of using spirituality as a coping mechanism to decrease stress and suicide within the military intelligence community.

After receiving a verbal confirmation from each participant, an electronic communication (See Appendix A) was sent, individually, via email. The email indicated the nature of the problem and the project focus. Additionally, the email indicated the length of the project and the project scope. Moreover, the email indicated that participation was 100 percent confidential, and that follow-up care would be provided for individuals who needed subsequent care. The email indicated the benefits to the participants in that they would be receiving free resiliency training and counseling techniques. Those who agreed to participate was sent a consent form (See Appendix B) via email.

### **The Project Study**

The study consisted of nine Active-Duty United States Navy Chaplains across various ranks and military experience. The participants consisted of the following Active-Duty Navy chaplains:

PARTICIPANT	GRADE	RANK
1	O-6	Captain
2	O-5	Commander
3	O-5	Commander
4	O-5	Commander
5	O-4	Lieutenant Commander (Commander Select)
6	O-4	Lieutenant Commander (Commander Select)
7	O-4	Lieutenant Commander
8	O-4	Lieutenant Commander
9	O-3	Lieutenant

### Methodology

The methodology for data collection consisted of the following instruments:

- Pre-and-post-questionnaires to identify the Sailors who sought care from chaplains, level of stress, and how that stress impacted the chaplain's stress level.
- The Brief Resilience Scale (BRS) which was used during counseling sessions to identify the level of stress within the chaplain's command and Sailors.
- Individual interview questions to gain feedback on the process.
- Role play to facilitate opportunities for learning data collection
- Individual discussions to deliberate on the process improvement.

The final project was conducted over an eight-week period. Each participant received the below pre- and post-questionnaire and Brief Resilience Scale during week one and week eight.



### Questionnaire

*Please answer the following questions:*

1. What is your definition of resiliency?
2. What is your definition of spirituality?
3. What, if any, suicidal ideations have you encountered in Sailors while providing counseling services at your command?
4. What emotional stress have you seen in Sailors that sought your assistance? How has that emotional stress impacted your stress level?
5. How would you describe the current mental health of the Sailors seeking your assistance?

### Brief Resilience Scale (BRS)

Respond to each statement below by circling one answer per row.		Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
BRS 1	I tend to bounce back quickly after hard times.	1	2	3	4	5
BRS 2	I have a hard time making it through stressful events.	5	4	3	2	1
BRS 3	It does not take me long to recover from a stressful event.	1	2	3	4	5
BRS 4	It is hard for me to snap back when something bad happens.	5	4	3	2	1
BRS 5	I usually come through difficult times with little trouble.	1	2	3	4	5

BRS 6	I tend to take a long time to get over setbacks in my life.	5	4	3	2	1
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Scoring: Add the value (1-5) of your responses for all six items, creating a range from 6-30. Divide the sum by the total number of questions answered (6) for your final score.

Total score: \_\_\_\_\_ / 6

My score: \_\_\_\_\_ (average)

BRS Score	Interpretation
1.00 - 2.99	Low resilience
3.00 - 4.30	Normal resilience
4.31 - 5.00	High resilience <sup>6</sup>

The pre-and post-questionnaires (See Appendix D), distributed during week one and eight, were used as a data collection method. The pre-and-post questionnaire contained five questions. Question one asked what your definition of resiliency is; it is designed to gauge the participants understanding of resiliency pre-project and post-project. It allowed me to gauge the chaplain's use of spirituality in their counseling sessions with persons experiencing high levels of stress and mental and emotional issues. Question two asked the participation about their definition of spirituality and was used to establish a baseline for the participants' understanding of spirituality, their use of spirituality, and any disconnectedness to spiritual facets.

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<sup>6</sup> B. W. Smith, J. Dalen, K. Wiggins, E. Tooley, P. Christopher, and J. Bernard, "The Brief Resilience Scale: Assessing the Ability to Bounce Back," *International Journal of Behavioral Medicine* 15, no. 3 (2008): 194-200.

Question three asked, what, if any, suicidal ideations have you encountered in Sailors while providing counseling services at your command; it enquired about the chaplain's experience level in dealing with persons affected by stress and suicidal behaviors. It also provided an indication of the counseling load at the chaplains' command in relation to stress, suicidal ideations, and suicide. Furthermore, it provided information regarding the mental and emotional issues experienced by Sailors within the intelligence community.

Question four asked, what emotional stress have you seen in Sailors that sought your assistance, and how has that emotional stress impacted your stress level? This helped to determine current psychosocial stressors within the participants' command and how that stress impacted their individual stress level. Question five asked how would you describe the current mental health of the Sailors seeking your assistance: this helped to determine the mental and emotional health of the participants' command and the level of resiliency with the command.

Additionally, during week one and eight, participants received the Brief Resilience Scale (BRS). The BRS was developed by B. W. Smith, J Dalen, K. Wiggins, E. Tooley, P. Christopher, and J Bernard. It was created to assess the perceived ability to bounce back or recover from stress. The scale was developed to assess a unitary construct of resilience, including both positively and negatively worded items. The possible score range on the BRS is from 1 (low resilience) to 5 (high resilience). It was developed in 2008. Online it states: The BRS can be used for research and education as long as it is properly cited and as long as the authors are acknowledged.<sup>7</sup>

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<sup>7</sup> Smith, Dalen, Wiggins, Tooley, Christopher, and Bernard, "Brief Resilience Scale," 194-200.

The objectives are to identify a baseline for the participants' level of resiliency at the start of the project and establish how their resiliency has grown, remained the same, or declined. Another objective is to allow the participant to measure/observe their own growth as a result of using spirituality as a coping mechanism. The pros for using the BRS within this final project is it allowed me to gauge improvement and growth in resiliency. The BRS gave psychometrics that helped determine the effectiveness of the pastoral care and counseling resiliency model. The data was accessed according to the BRS interpretation scale.

Throughout the process, participants took part in individual interview sessions. The interview questions (See Appendix C) are listed below:

#### *Interview Questions*

1. How many Sailors are you currently responsible for, and describe their current mental state?
2. Gauge the level of stress that you have encountered in providing counseling services at your command; and how has that stress level impacted your own stress level?
3. What is the typical stress type and level that you encounter in providing counseling services, and how do you help them process that stress? Also, how do you process your stress after work?
4. How many Sailors are you effectively able to serve and why?
5. How can you better utilize spirituality within you own life and counseling sessions?
6. What has been the biggest hindrance in providing resiliency care, and are their areas that you would like to avoid?

Question one was to determine the current mental state of the chaplain's command to gauge their level of work with the area of mental health. It also aided in determining the chaplain's level of fatigue. Question two provided data on the Sailors who will be using the resiliency model, while also gauging the chaplain's level of self-care, and if a resiliency model is effective within their own life.

Question three provided data on the types of problems within the Navy intelligence community, associated care, and individual care. Question four assisted in evaluating how the Navy Chaplain Corps provides ministry in large areas of responsibility. Question five allowed chaplains to provide feedback on process improvement as it relates to counseling, the resiliency model, and needed resources. Question six allowed chaplains to give feedback on process improvement.

### **Implementation**

The implementation of the final project involved conducting workshops on spirituality and resiliency over an eight-week period via Zoom, FaceTime, and conference calls. Additionally, the project involved individual interview sessions for one-on-one interactions and confidential feedback. Furthermore, the implementation involved role play to familiarize the participants with the method of teaching spirituality as a coping mechanism to decrease stress and suicidal ideations within one-on-one counseling sessions and group/command training sessions.

As previously stated, the project occurred over an eight-week period. The timeline is discussed in detail below:

*Week One*

In the first session on Zoom, I introduced myself as Chaplain Mario K. Murphy, Active Duty, Navy Chaplain currently serving as the Principle Assistant on the USS Gerald R. Ford, with over 5,800 Sailors. I gave the project overview, and discussed the below project objectives:

- Chaplains will report that Sailors began to talk about past trauma and PTSD.
- Chaplains will indicate that Sailors began to seek mental health treatment.
- Chaplains will convey that Sailors began to self-report suicidal ideations and concerns.
- Chaplains will indicate that Sailors sought help from Navy chaplains and clinicians.
- Suicide and suicidal ideations will decrease.
- Chaplains will utilize the Brief Resiliency Scale in their individual counseling sessions with Sailors to measure their level of growth or decline in resiliency.
- Chaplains will utilize resources recommended during the study to reduce work and personal stress. Additionally, chaplains will recommend the tools and techniques learned throughout the study to Sailors (counselees) to remain resilient and connect with support groups and systems.

The below learning objectives were discussed:

- Provide resiliency training to Active-Duty chaplains to help Sailors begin addressing stress, suicide, and poor mental health.
- Equip chaplains with a resiliency model to help Sailors during individual counseling sessions.

- Introduce spirituality as a tool for mental toughness and mental fitness.
- Educate chaplains on utilizing spirituality as a coping mechanism for those within their care and the chaplain's personal self-care.
- Teach participants how to develop communities of support while realizing your purpose in life.
- Demonstrate participants how to address life stressors and construct healthy solutions.
- Teach chaplains mental toughness, spiritual fitness, and resiliency concepts.

After the objectives were discussed, I spoke about available resources for self-care and confidential counseling for all participants. I indicated the following resources:

- Military One Source 1-800-342-9647
- DOD Suicide Hotline 1-800-273-8255
- Fleet and Family Service Center
- Military Family Life Assistance Counselor
- Group and Base chaplains

After discussing available resources, I discussed the limits on information that could be shared within group discussions, individual interview sessions, and role play activities to ensure the confidentiality of Sailors was maintained at all times.

Furthermore, I discussed the Navy's instruction on confidentiality and confidential communications, SECNAVINST 17309.A, Privileged and Confidential Communications to Chaplains.<sup>8</sup> After discussing privileged and confidential communications, I distributed

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<sup>8</sup> SECNAVINST 17309.A, "Privileged and Confidential Communications to Chaplains."

the pre-project questionnaire (See Appendix D) and Brief Resiliency Scale, via email, to the participants and explained the intent behind the documents. Once completed, the participants emailed the pre-project questionnaires back to me.

### *Week Two*

During week two, I gave a sixty-minute training, via Zoom, on resiliency and the military new concept entitled Spiritual Readiness, Spiritual Fitness, and Spiritual Toughness. The information for this training session was taken from the Navy's Warrior Toughness curriculum and the Marine Corps Spiritual Fitness guide.<sup>9</sup> The training started by discussing suicide being the second leading cause of death within the military; and the reasons why individuals seek to end their lives. I indicated the following factors for service members attempting suicide:

- Financial difficulties
- Divorce
- Grief
- Marital problems
- Work related issues
- Loss of income or employment
- Personal and work-related stress
- Loneliness and rejection
- Past and present trauma
- PTSD

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<sup>9</sup> Navy's Warrior Toughness curriculum and the Marine Corps Spiritual Fitness guide.



The discussion then moved to what is resiliency. I defined resiliency as the ability to bounce back or recover from hardships, disappointments, the losses within life, grief, and pain. I defined resiliency as the ability to take a hit and keep moving mentally, emotionally, and physically. I defined it as the ability to reset one's expectations and determination believing the sun will shine tomorrow. After discussing resiliency, the training moved to the Navy's new initiative called Warrior Toughness.

Having been one of the few trained chaplains in Warrior Toughness, I explained to participants the meaning behind the concept. I shared with them that Warrior Toughness is a culture change embedded in spiritual toughness. Spiritual toughness is knowing who you are, what you believe in, and why you function the way that you do. It is foundational to being spiritually tough. This understanding of oneself is the strength and depth of character that gives the motivation and determination necessary to maintain faithfulness to one's commitments, beliefs, and values in the face of adversity and in the daily grind. Warrior Toughness is a paradigm shift in personal connections with the purpose of being resilient in low- and high-stress environments and situations.

I explained to the chaplains that Warrior Toughness teaches Sailors how to deal with adversities, while remaining whole and engaged in what the Navy calls warfighting excellence with a warfighting ethos that believes in being resilient every situation. This does not diminish or minimize bad days, but it equips Sailors with perseverance, a clear understanding and appreciation of their purpose, and the tools needed to bounce back from adversity.

The training concluded by discussing the Marine Corps' Spiritual Fitness concept. Spiritual Fitness was designed to teach Marines how to develop a belief in something

beyond themselves such as family, friends, support systems, connectedness to nature, and hobbies. I shared with them that the Marine Corps recognized that its Marines were doing a great job taking care of the physical body. They spent a tremendous amount of time in the gym working on gaining muscles and physical endurance. However, they discovered that Marines had not done a great job steeling their spiritual resiliency and tenacity that ensured they were working through mental and emotional trauma and everyday personal and professional problems. The training concluded with questions and discussion.

### *Week Three*

Week three started with a thirty-minute discussion, via Zoom, on the spiritual fitness model below:

# SPIRITUAL FITNESS GUIDE

This is a **self-assessment** tool to help service members consider their spiritual condition.

Spirituality may be used generally to refer to that which gives meaning and purpose in life, or the term may be used specifically to refer to the practice of a philosophy, religion, or way of living.

FIT	STRESSED	DEPLETED	DRAINED
<b>Potential Indicators</b> <ul style="list-style-type: none"> <li>➤ Engaged in life's meaning/purpose</li> <li>➤ Hopeful about life/future</li> <li>➤ Makes sound moral decisions</li> <li>➤ Fully engaged with family, friends, and community</li> <li>➤ Able to forgive self and others</li> <li>➤ Respectful of others</li> <li>➤ Engaged in core values/beliefs</li> </ul>	<b>Potential Indicators</b> <ul style="list-style-type: none"> <li>➤ Neglecting life's meaning/purpose</li> <li>➤ Less hopeful about life/future</li> <li>➤ Makes some poor moral decisions</li> <li>➤ Somewhat engaged with family, friends, and community</li> <li>➤ Difficulty forgiving self or others</li> <li>➤ Less respectful of others</li> <li>➤ Straying from core values/beliefs</li> </ul>	<b>Potential Indicators</b> <ul style="list-style-type: none"> <li>➤ Losing a sense of life's meaning/purpose</li> <li>➤ Holds very little hope about life/future</li> <li>➤ Makes poor moral decisions routinely</li> <li>➤ Weakly engaged with family, friends, and community</li> <li>➤ Not likely to forgive self or others</li> <li>➤ Strong disrespect for others</li> <li>➤ Disregards core values/beliefs</li> </ul>	<b>Potential Indicators</b> <ul style="list-style-type: none"> <li>➤ Feels like life has no meaning/purpose</li> <li>➤ Holds no hope about life/future</li> <li>➤ Engaged in extreme immoral behavior</li> <li>➤ Not engaged with family, friends or community</li> <li>➤ Forgiveness is not an option</li> <li>➤ Complete disrespect for others</li> <li>➤ Abandoned core values/beliefs</li> </ul>
<b>Your chaplain cares about you and is committed to helping with your Spiritual Fitness.</b> <b>Absolute confidentiality is guaranteed.</b>			Chaplain POC:



The United States Navy Chaplain Corps

Current as of 2 May 2012

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## *What is Spiritual Fitness?*

Spiritual Fitness is a term used to capture a person's overall spiritual health and reflects how spirituality may help one cope with and enjoy life. Spirituality may be used generally to refer to that which gives meaning and purpose in life. The term may be used more specifically to refer to the practice of a philosophy, religion, or way of living. Spirituality has two primary expressions:

<sup>10</sup> "Marine Fitness Spiritual Guide," <https://www.iimef.marines.mil/Portals/1/documents/PWYE/Toolkit/MAPIT-Modules/Marine-Fitness/SpiritualFitnessGuide.pdf?ver=2018-01-23-133357-223>.

Human Expression: Refers to the essential core of the individual. It includes activities that strengthen self and build healthy relationships.

- Examples include commitment to family, love of life, and *esprit de corps*.

Religious Expression: Refers to the application of faith. It includes activities that connect one to the Divine, God, and the supernatural.

- Examples include prayer, worship, and participation in the sacraments.
- Buddhism encourages pursuit of the Noble Path.
- Christianity has a focus on seeking the Holy Spirit.
- Islamic spirituality is derived from the Quran and following the Sunnah.

Your spiritual fitness is typically healthier if you practice your faith, beliefs, and other activities that support your spirituality. To learn more about spiritual fitness, contact your unit chaplain.<sup>11</sup>

After the group session on the spiritual fitness model and guide concluded, I started with the individual interview sessions. Each interview session was thirty minutes in length and was conducted by phone. During the interview session, the participants discussed how spiritual fitness can be applied within their individual lives and the lives of Sailors they have counseled or are currently counseling.

#### *Week Four*

Week four started with a thirty-minute training session via Zoom on mental toughness. Prior to the session, a link for a short YouTube video on “recognizing your

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<sup>11</sup> “What is Spiritual Fitness?” <https://www.iimef.marines.mil/Portals/1/documents/PWYE/Toolkit/ MAPIT-Modules/Marine-Fitness/SpiritualFitnessGuide.pdf?ver=2018-01-23-133357-223>.

why” was emailed to the participants for them to preview. This session was taught in conjunction with one of the Suicide Prevention Coordinators from the Gerald R. Ford. After introductions were made, I referenced the video that was sent to them prior to the training session. After each participant indicated that they had watched the video, we discussed defining purpose, identifying support groups and systems, and understanding grief, loss, and pain. During this section I taught my Biblical Foundation to help the participants understand emotional pain and suffering and how we can overcome pain and suffering or manage the two emotions within our lives.

My Biblical Foundation focused on the biblical character Job, found in the book of Job. The Biblical Foundation examined the character Job, his human suffering, his response to his misfortune, and his recovery from adversity through spirituality and resiliency. This concept was taught to the participants to better understand suffering and what humanity’s response to suffering should be. I shared with the group that human suffering is inevitable, yet the topic for discussion is how do we manage and respond to suffering. The group took the remaining time to discuss how individuals should respond to personal suffering.

The training concluded with a thirty-minute role play session on how to perform an intervention with a suicidal Sailor in accordance with ASSIST and safe Talk. A suicide prevention and awareness trainer presented the following presentation followed by the intervention steps:

*Presentation*

The Question presented for this discussion was: “Why suicide prevention matters?” The answer given was “Suicide is one of the most significant public health issues facing the world today. It has existed throughout history, across all cultures and time periods. People’s reasons for thinking about suicide are as complex and varied as those individuals themselves. Most importantly, with the right knowledge and skills, the vast majority of suicide can be prevented.”<sup>12</sup>

Some of the facts about suicide that were shared are:

- At any given time, one in twenty-five people is thinking about suicide to some degree.
- You’re much more likely to encounter someone who needs suicide intervention than CPR
- Suicide is the second-leading cause of death for people aged fifteen to twenty five
- On average, a workplace suicide has a financial impact of over \$1,100,000
- More than 800,000 people die by suicide worldwide each year

How do we prevent suicide? Suicide is complex, and so are its solutions. Skills training is one of the most effective prevention approaches. When people think about suicide, they almost always express their pain in ways that invite others to reach out and help. Training empowers someone to recognize these signs and provide life-saving support. Anyone regardless of background or experience can learn skills to keep someone safe and alive. During this next session you’ll learn how to prevent suicide by recognizing signs, engaging someone, and connecting them to an intervention resource for future support. The intervention steps are:

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<sup>12</sup> This information was given by the presenter.

- Tell
- Ask
- Listen
- KeepSafe

One participant pretended to be suicidal. They practiced telling people about their thoughts feelings and emotions which is the “Tell” stage. The next participant practiced the “Ask” stage, which involved asking people about their thoughts, feelings, and emotions. The next participant practiced the “Listen” stage, which involved showing compassion and attempting to connect with the individual. The next participant practiced the “KeepSafe” stage where you never leave the person alone or unattended, but you seek to get the individual treatment or help as soon as possible. If chaplains are identified as the resource, we practiced some common steps in providing resiliency care.

#### *Week Five*

Week five started with a thirty-minute discussion on PTSD, trauma, and vicarious trauma, via Zoom. I served as the instructor for the entire training session. All the participants were familiar with PTSD and trauma, but none had heard of vicarious trauma, which is a relatively new term developed for first responders and people working within the intelligence community. I gave the following presentation on PTSD and vicarious trauma:

With the extensive development of cyber war and warfare, the mental and emotional challenges experienced by the military intelligence community, through vicarious trauma, has heightened the need for mental toughness and resiliency. Vicarious

trauma and psychosocial stressors have produced the need to concentrate on mental health to decrease stress, suicidal ideations, and suicide. Military personnel often struggle with vicarious trauma because of their frequent exposure to human suffering and death. “The term vicarious trauma, sometimes also called compassion fatigue, is the latest term that describes the phenomenon generally associated with the ‘cost of caring’ for others.”<sup>13</sup>

Other terms used for compassion fatigue are secondary traumatic stress and secondary victimization. Vicarious trauma is an occupational challenge for people working in fields of victim services due to their continued exposure to victims of trauma and violence. This work-related trauma can occur from experiences such as listening to individuals recount their stories of victimization, looking at videos of exploited children or military operations involving conflict, reviewing case files, and responding to mass violence incidents resulting in numerous injuries and deaths.<sup>14</sup>

PTSD is a mental health problem that individuals develop from experiencing or witnessing life-threatening events such as combat, a natural disaster, frequent exposure to death, and sexual assault.<sup>15</sup> During war and military conflict, military service members encounter a multitude of traumatic events. Serving in combat involves being exposed to death and injury and witnessing first-hand the loss of colleagues and friends. This exposure increases the likelihood of a service member having PTSD or other mental

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<sup>13</sup> “Vicarious Trauma,” Fact Sheet #9, American Counseling Organization, <https://www.counseling.org/docs/trauma-disaster/fact-sheet-9-vicarious-trauma.pdf>.

<sup>14</sup> “The Vicarious Trauma Toolkit,” About OVC, Office for Victims of Crime, <https://ovc.ojp.gov/program/vtt/what-is-vicarious-trauma>.

<sup>15</sup> “PTSD,” PTSD Basics, US Department of Veteran Affairs, [https://www.ptsd.va.gov/understand/what/ptsd\\_basics.asp](https://www.ptsd.va.gov/understand/what/ptsd_basics.asp).



health disorders. With the emergence of cyber warfare, service members within the military intelligence community experience vicarious trauma. Vicarious trauma is the indirect exposure to a traumatic event through firsthand account or narrative of that event.<sup>16</sup> Because cyber warfare is electronic in nature, service members within the military intelligence community often struggle with emotional and mental shock. This disturbance contributes to the degradation of relationships and marriages.

Relationship and marriage problems can potentially cause heightened stress on and off the job. Deployments can be stressful for military personnel and families and may add additional stressors to a marriage and relationships. The military mission and operational tempo may also be stressful for a new Sailor or a Sailor experiencing personal problems. These psychosocial stressors contribute to high stress, suicidal ideations, and suicide. Unacknowledged and unhealed trauma often leads to further violence and disruption against oneself, family, friends, or bystanders. These acts of violence or disruption frequently lead to additional trauma.<sup>17</sup>

After concluding my discussion on PTSD and vicarious trauma, I shared my Theological Foundation to teach the participants healthy ways to process trauma such as journaling, mediation, and the Navy's Stress Control Continuum. Concepts from my Theological Foundation were shared such as theological anthropology, trauma theology, and practical theology to teach how God interacts with humanity in our hurt, loneliness,

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<sup>16</sup> "Vicarious Trauma: Information, Prevention and Resources," Articles/Nursing, Advent Health University, November 12, 2019, <https://online.ahu.edu/blog/what-is-vicarious-trauma/>.

<sup>17</sup> Deborah van Deusen Hunsinger, *Bearing the Unbearable: Trauma, Gospel, and Pastoral Care* (Grand Rapids, MI: William B. Eerdmans Publishing Company, 2015), 2, ProQuest Ebook Central.

pain, depression, and grief. Finally, week five concluded with individual interview sessions. The following questions were asked of all nine participants:

- How many Sailors are you currently responsible for, and describe their current mental state?
- Gauge the level of stress that you have encountered in providing counseling services at your command; and how has that stress level impacted your own stress level?
- What is the typical stress type and level that you encounter in providing counseling services, and how do you help them process that stress? Also, how do you process your stress after work?

### *Week Six*

Week six started with a thirty-minute spiritual fitness training via conference call. I served as the instructor and focused the training session on implementing the resiliency model for incorporating spirituality as a coping mechanism for stress and suicidal ideations. During this session I taught my Historical Foundation to give insight into my historical figure and his resiliency model that I used to help construct a resiliency model for the military intelligence community. After the training session, I performed individual counseling sessions, via phone, to discuss praxis improvement. The following questions were asked during the individual counseling sessions:

- How many Sailors are you effectively able to serve and why?
- How can you better utilize spirituality within your own life and counseling sessions?

- What has been the biggest hindrance in providing resiliency care, and are their areas that you would like to avoid?

### *Week Seven*

The training session for week seven occurred via conference call. It was an interactive discussion on incorporating the entire resiliency model into a two-step process. I used my Integration Paper to teach this class while providing the participants with a model to explain pain, accept pain, and use spirituality to overcome pain. The integration facilitated bringing all the previous discussions, training sessions, and foundation topics together to understand pain, how God interacts with us in our pain, how to accept we are not exempt from pain, and how to overcome or deal with our pain.

### *Week Eight*

Week eight was the final training session for my project and it transpired via conference call. I thanked the participants for their faithfulness and participation. The post-project questionnaire and Brief Resiliency Scale were emailed to each participant and received via email. The participants were given an opportunity to share their final thoughts and concerns. We wrapped up with discussions about the project and its outcome. Participants shared their deductions based on the previous seven weeks. I concluded the discussion by sharing available resources for any participant that felt inclined to speak with providers about personal or family concerns. A final prayer was offered for the participants and their work with Navy Sailors.

## Summary of Learning

### *Context of the United States Navy Chaplain Corps*

The United States Navy Chaplain Corps is comprised of over 800 chaplains from more than 100 different religions and denominational backgrounds. Navy chaplains enable the free exercise of religion for all Sailors, Marines, and Coast Guardsmen. Chaplains serving in the United States Navy Chaplain Corps possess a Bachelor's Degree of not less than 120 semester hours from an accredited institution. In addition, Navy Chaplain's possess at least seventy-two hours in general religion, theology, religious philosophy, ethics or the foundational writings from the chaplain's religious tradition. Each Navy chaplain is endorsed by their individual faith group or denomination with at least two years of full-time professional ministerial leadership experience.

Contingent upon the chaplain's seminary or religious organization, chaplains may enter the Navy with CPE and advanced counseling degrees and certificates. Once selected to be a Navy chaplain, religious professionals attend chaplain training to learn pluralistic ministry and inclusion. Navy chaplains receive training on counseling military personnel affected by PTSD, trauma, stress, and suicidal ideations. Once certified by the Department of Defense, Navy chaplains counsel military personnel dealing with an assortment of issues that include suicidal ideation, stress, PTSD, and trauma.

Yearly, Navy chaplains receive refresher training on resiliency, warrior toughness, spiritual fitness, stress, suicide prevention and awareness, and combat operational stress control. Some chaplains continue to get CPE units after joining the military, while others get advanced degrees in pastoral care and counseling and ethics.

Chaplains have a wide range of expertise and experience in counseling, ministry of presence, deployments, and dealing with military personnel affected by poor mental health and trauma.

### *Participant Demographics*

The participants of this study were comprised of solely United States Navy Chaplains, senior, field, and company grade officers — also referred to as senior and junior chaplains. Senior chaplains are chaplains with the rank of O-4 to O-6. Junior chaplains are chaplains with the rank of O-2 to O-3. The below chart gives the breakdown of the participants for this study and their level of experience in dealing with stress, suicide, and post-traumatic stress disorder. As noted, each participant had five years or more dealing with the noted areas of concern and additional psychosocial stressors contained within this project. The combined years of experience and expert guidance provided a wealth of knowledge to gain insightful ideas and feedback concerning resiliency and spiritual well-being within the Department of the Navy.

PARTICIPANT	GRADE	RANK	Years of Experience
1	O-6	Captain	27
2	O-5	Commander	18
3	O-5	Commander	16
4	O-5	Commander	17
5	O-4	Lieutenant Commander (Commander Select)	14
6	O-4	Lieutenant Commander (Commander Select)	15
7	O-4	Lieutenant Commander	10
8	O-4	Lieutenant Commander	9
9	O-3	Lieutenant	5

The participants were comprised of all Active-Duty Navy chaplains, consisting of four females and five males. The average age group was between the ages of forty and fifty-five. All the participants were married with both Marine and Navy sea and shore

tours. Two of the participants were board certified in CPE and one participant was a license family therapist. All the participants graduated from the Naval Chaplaincy School and Center and received yearly refresher training in combat stress, suicide prevention and awareness, spiritual fitness, and spiritual toughness.

### *Results*

#### Q1 – What is your definition of resiliency?

All nine participants had a clear and concise understanding of resiliency. All nine chaplains indicated that resiliency is the ability to recover or bounce back from adverse situations. One participant defined resiliency as, “Overcoming a crisis via resiliency is often described as ‘bouncing back’ to a normal state of functioning.” Another participant described resiliency as “The ability to recover from difficult situations.” A participant indicated that resiliency is “The ability to spring back after being stretched to the limit, similar to a rubber band.” A chaplain defined resiliency as “The ability to persevere in a particular area of circumstances.” A participant with CPE units wrote, “For me resiliency is referencing a person’s ability to roll with the punches they can’t dodge. It entails the toughness to be able to take the punch in the first place, and the motivation to keep on fighting despite the shock, pain, and embarrassment of receiving the punch. And after really hard punches, it means the inner spark that makes you want to keep fighting and which causes you to pick yourself up off the floor and reengage.”

Q2 – What is your definition of spirituality?

For this question, I discovered that spirituality is granular in that it consists of multiple facets based on religion, culture, background, and experiences. Answers for this question varied among the participants. There was not a singular or concise definition of what spirituality is. One chaplain wrote, “Spirituality is a connection to your inner self that connects with a higher power for strength, truth, and meaning for life.” Another chaplain indicated that spirituality cannot be defined by one person for everybody, but the definition is based on one’s socioeconomic background, denominational affiliation, religious zeal, and individual and shared experiences. This participant wrote, “I feel that spirituality is based in a faith tradition and leads to a deeper expression of one’s faith and to the use of the spiritual disciplines, worship, fellowship, community connection, word and sacrament, giving of one’s time, talent, and treasure.”

Another chaplain defined spirituality as “A belief that there is something/someone greater than me. A connection to a divine entity.” A chaplain defined spirituality as “Access to the excess within our spirits whereas God is the author. Spirituality is the essential aspect of being human and how we express ourselves to God in worship (lifestyle).” A participant with a license in counseling wrote, “Positive psychology is concerned with *eudaimonia*, a Greek word meaning ‘good spirit.’ It is considered an essential element for the pursuit of happiness as a good life.” For him spirituality involved the mind, body, and spirit.

Q3 – What, if any suicidal ideations, have you encountered in Sailors while providing counseling services at your command?

All nine participants indicated that they have experienced suicidal Sailors within their time in the United States Navy. Additionally, all nine participants indicated they encounter Sailors with suicidal thoughts and tendencies on a consistent basis. Some participants indicated it is a daily or weekly occurrence to encounter Sailors with passive thoughts or active suicide plans. One chaplain wrote, “The number is way too great to list here. I have had encounters from across the entire spectrum of suicidal ideations (just a fleet thought to aggressive attempts to suicide). Through all nine participants, the issue of poor mental health and mental illnesses were highlighted as a major problem and for sustaining life and ensuring resiliency within the military workforce.

One chaplain wrote, “In my most recent deployment – nine months in the South China Sea living aboard an Arleigh-Burke Class guide missile destroyer – I encountered many. Of a crew of roughly 300 Sailors, over the nine-month period, we experienced roughly sixty suicide ideations from forty-two different Sailors.” Another chaplain wrote, “The usual suicidal ideation or suicide related behavior is rooted in the inability to see beyond the self and the immediate. It is an implosion due to utter self-reliance that has led to the extinction of hope, rather than expansive based on possibility and power beyond the self.” A participant indicated the below suicidal ideations they have experienced within their career:

- Taking an overdose of pills
- Cutting their wrists
- Attempting to drown
- Attempting or desiring to shoot themselves in the head or chest
- Wanting to jump over the side of the ship



A chaplain wrote, “Unfortunately, we have had twelve deaths in our command and tenet commands: ten were suicide within twelve months. It is also unfortunate that my personal encounters are Service Members who are truly battling suicidal ideations. None of the ideations were fictitious with fraudulent attempts to be separated from active duty. I estimate that 20-25% of my counseling sessions deal with the thoughts of death, contemplation of not being alive, suicidal thoughts, and suicidal ideations and attempts.

Q4 – What emotional stress have you seen in Sailors that sought your assistance? How has that emotional stress impact your stress level?

All nine chaplains experience emotional stress within Sailors who sought their assistance. One chaplain listed the below emotional stressors:

- Crying uncontrollably
- Fatigue/extreme tiredness
- Isolation/avoidance
- No appetite/difficulty appetite
- Feeling guilt, shame, or hopeless
- Panic attacks/anxiety

One participant indicated “Life issues from past to present. Many had trauma from childhood and now that they are in a relaxed environment they want to work through those issues.” A junior chaplain wrote, “The majority of my sessions deal with marital, relational, divorce, and infidelity in some aspect with a sever link to alcohol consumption and or abuse in some manner.

Of the nine participants studied, three participants indicated the emotional stress of those they counsel adds to their stress level. These participants stressed the need to do self-care and practice their own spirituality as a means to stay healthy. One chaplain noted, “The only time it impacts me is if I am unable to get a day off or not able to practice my personal spiritual practices.” One participant indicated the emotional stress of those they counsel gives them hope as they help individuals work through their pain, trauma, and personal problems.

Q5 – How would you describe the current mental health of the Sailors seeking your assistance?

One participant stated, “The Sailors, for the most part, are mentally stable. However, they need coping skills and resiliency to maintain a healthy holistic lifestyle.” Another participant wrote, “[Many are] emotionally immature, unrealistic expectations of serving the nation, broken, low resilience without skills and tools to counter depression and disruptions in life.” Most are below the age of thirty and are still trying to identify or adjust to being a functional adult with limited resources of assistance.

One chaplain said, “Over my past thirteen years, I would say there is an increase in the number of folks that want to talk who are younger in their careers and the level of their stress (probably due to the lack of resiliency/coping skills) has increased significantly.” A chaplain with CPE units said, “Most Sailors seeking help are in relatively good mental health and are simply looking for some to ‘coach’ or ‘mentor’ them through sticky situations.” He indicated, one in twenty Sailors are at a tipping point between healthy and disordered. One chaplain said, “The term ‘lack of resiliency’ is often

utilized and I concur.” Another participant indicated, “Currently, the mental health of the service members for the most part is stable. There is a contingent that is struggling with anxiety and the lack of purpose.”

Question	Synopsis
1	Resiliency is the ability to recover from adverse situations
2	Spirituality is not easy defined. It varies from individual to individual
3	Suicidal ideations and behaviors are a major problems across the Navy
4A	Most Sailors experience stress that ranges from low to high
4B	Most chaplains are not affect by their counselee's stress level
5	The state of the Navy is sound; however, resiliency training is needed for Sailors

### *Interview Questions*

Throughout the individual interviews, participants indicated the chaplain to Sailor ratio is unrealistic. This ratio leads to chaplains providing situational counseling with little follow-up after the Sailor leaves unless the Sailors schedule a follow-on appointment. All nine chaplains felt the training they received at the Naval Chaplaincy School and Center was effective in preparing them for pluralistic ministry within the Armed Forces. Furthermore, all nine chaplains indicated they felt fully trained to provide counseling to Sailors experiencing suicidal ideations, trauma, and high stress levels. All nine Sailors admitted, with repeated counseling sessions, their expertise increased with time, knowledge, and experience.

All nine participants indicted they grew as a result of the foundational concepts that I shared during the eight-week seminar. The foundational topics provided an enriched understanding of how God deals with humanity in the face of unrelenting adversity and pain. By using spirituality as a coping mechanism to decrease stress and

suicidal ideations, Sailors reported that they were working on defining their why, seeking the help of a chaplain for spiritual direction and formation, speaking out about suicide, and utilizing the Brief Resilience Scale to self-assess their level of resiliency.

The interview questions yielded the following data:

Question	Synopsis
1	Most Chaplains cover 1000 to 5000 Sailors. The majority are mentally stable.
2	Most Sailors experience some level of stress due to operational requirements.
3	The typical stressors are marriage, family, relationship, financial, and legal concerns.
4	Most Chaplains feel the Chaplain to Sailor ratio is extremely too high.
5	The participants felt spirituality should be taught more during counseling sessions.

### *Support for Hypothesis*

The following hypothesis was explored by the qualitative methodology used within this research project: If a pastoral care and counseling resiliency model is developed that teaches coping mechanisms for different personality traits, then chaplains can utilize the counseling model to help service members within the intelligence community begin addressing the suicidal ideations they experience.

The above hypothesis was supported by the following data:

- By conducting pre-and-post questionnaires to gauge the participants' understanding of resiliency and spirituality through the pre-and-post project, all nine participants indicated that spirituality has the ability to reduce stress, alter moods and behaviors, help process grief and trauma, and readjust perceptions of self-worth and self-identity, while developing healthy relationships with family and friends.
- Chaplains reported that Sailors began talking about past trauma, current life stressors, marriage and family problems, job satisfaction, and PTSD.
- Participants indicated that Sailors were more open to seeking mental health treatment and follow-on care for suicidal behaviors.

- Navy chaplains indicated that Sailors began to self-report suicidal ideations and concerns to their responsible chaplains, chain of commands, suicide help line, fellow Sailors, and friends.
- Sailors sought help from Navy chaplains, Military One Source, Fleet and Family Support Center, and the Military Family Life Counselor.
- Suicide within the command decreased as a result of Sailor seeking help, self-reporting, speaking to chaplains and clinicians, going directly to the emergency room when suicidal, practicing spirituality, and developing support systems as a result of practicing spirituality. The decrease in suicides was supported by the weekly suicide tracker for the command.
- Utilizing the Brief Resiliency Scale, chaplains found the BRS to be a helpful tool in measuring the Sailor's initial stress level and growth or decline in resiliency while providing counseling services.
- Chaplains reported that utilizing resiliency and self-care resources recommended during the eight-week study reduced their work and personal stress. Additionally, the chaplain participants recommended the tools and techniques to their Sailors who sought their counseling assistance. Sailors reported the tools and techniques were helpful in managing stress and suicidal tendencies.
- Program directors for the military suicide prevention and awareness program reported a significant increase in Sailors signing up for safeTALK and ASIST training classes to learn more about prevention, intervention, and applied skills. Sailors stated they had an overwhelming desire to better equip themselves for future problems and to help their military colleagues in the future if the situation required their assistance.

### **Conclusion**

In conclusion, the project worked well in teaching chaplains how to teach spirituality as an additional coping mechanism to decrease stress and suicidal ideations within the military intelligence community. Chaplains were empowered with innovative counseling techniques and practices to better facilitate change and follow-on care in Sailors who seek their services. Moreover, chaplains who participated in this study gained a better understanding of spirituality and how God interacts with humanity within

our pain. Chaplains explored biblical and theoretical disciplines to better address the needs of Sailors who experience poor mental health and high levels of stress.

By defining resiliency with a more informed definition and perspective of spirituality, chaplains were better able to incorporate spirituality into holistic care while being mindful of its impact upon the mental and physical well-being of an individual. After being taught the three foundational topics and how my spiritual autobiography related, chaplains were better prepared to teach purpose and self-understanding. The following model was introduced during the eight-week study:

- Listen: Listen to their concerns.
- Sympathize: Sympathize with their concerns by connecting with them in their pain.
- Introduce: Introduce spirituality as a means to process psychosocial stressors.
- Teach: Teach the “why” in resiliency in light of spirituality.

Additionally, this project re-centered the focus on the second leading cause of death within the military — suicide. By researching this topic and presenting training sessions within the command, the need for increased counseling and preventative resources were highlighted at the top levels of leadership. This focused created opportunities to present data and create working groups to develop effective ways of managing the ongoing threat to the health and well-fare of the Navy’s fighting force.

Furthermore, this project raised awareness of vicarious trauma within the military intelligence community. Vicarious trauma within the military intelligence community is a relatively new term that many providers are unaware of. Sailors with the military intelligence community have often suffered in silence. By shining a spotlight on the

issue, discussions were started that will better enable providers to offer assistance to Sailors who are impacted by the harsh effects of war.

Moreover, the project worked well by gathering chaplains within a small group for training and discussions on issues within the Navy Chaplain Corps, and how essential ministry is provided. This group became a support group for each person that participated. The relationships formed within this group will help senior and junior chaplains to process their own grief, pain, loss, and stress within a community of trusted colleagues trained in spirituality, ministry, and counseling techniques.

An additional item that worked well was working with participants that had an established level of expertise and experience within the field of counseling Sailors with high stress levels, suicidal tendencies, and poor mental health. This provided more in-depth and inclusive conversations and feedback. I often gleaned as much from the participants as they learned from the eight-week seminar and weekly presentations that were presented. The participants' feedback contributed to the overall success of the project and the critique of the counseling model. The participants' level of cooperation, encouragement, and interest was phenomenal. They often encouraged me to continue the work past the Doctor of Ministry degree. The work within the project identified other opportunities for growth and command involvement.

What provided somewhat of a challenge was working with professionals who are often busy providing ministry to five thousand or more individuals on a daily basis. Because the participants' schedules were often driven by command events and a saturated workload, such as counseling sessions and other command training requirements, scheduling the weekly Zoom calls occasionally presented a challenge. Some participants

were fatigued by the events of the workday, but still participated to the best of their ability.

Things that I would do different is plan for the end of the project sooner. At the end of the project, I wished that I had more time to focus on additional items within the project. Eight weeks did not offer as much time as I thought to slow roll trainings and evolutions. Some participants often felt rushed with training models and opportunities for group discussions. However, I was able to stick to the proposed training calendar and timeline. Within the Navy, we often use working groups to explore ideas and complex projects. If given the opportunity to recreate this study, I would incorporate working group discussions on the theme and hypothesis to get varied training plans, program guides, perspectives, and resiliency models to recreate a more multifaceted resiliency model to be used by the Navy and Department of Defense throughout the Armed Forces.



**APPENDIX A**  
INVITATION TO PARTICIPATE

Dear Navy Chaplain,

Suicide is the second leading cause of death within the military. Over the next eight weeks, I will be conducting a case study on the effects of spirituality as an additional coping mechanism to decrease stress, psychosocial stressors, suicidal ideations, and suicide within the military intelligence community.

Participation in this study is 100 percent confidential and voluntary. You may withdraw at any time. Participants in this study will receive free resiliency training and counseling techniques. Follow-up care will be provided, if required.

If you would like to participate in this study, please respond to this email with the attached consent form completed.

Very respectfully,

Chaplain Murphy

LCDR Mario K. Murphy, CHC, USN  
Command Chaplain  
NIOC Georgia  
537 Brainard Ave, BIDG 28423  
Fort Gordon, GA 30905

GCHQ Office: (762) 206-9669  
MOD II Office: (762) 206-0832  
Cell: [REDACTED]  
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**APPENDIX B**  
CONSENT FORM

United Theological Seminary  
INFORMED CONSENT FORM

Investigator Name: Mario K. Murphy

Contact Information: [REDACTED] or mario.k.murphy@gmail.com

Introduction: I am a doctoral student at United Theological Seminary.

Purpose: I am conducting a case study on Spirituality as a Coping Mechanism to Decrease Suicide within the Military.

Requirements for Participation: You are invited to participate in this study because you are currently a military service member, over the age of twenty-one, serving at NIOC GA within the intelligence community.

Procedures:

If you agree to participate in this study, you will be asked to: attend three command training events, for sixty minutes each, and three in-person, confidential counseling sessions for sixty minutes each. You will complete a pre-and-post study questionnaire and a pre-and-post study assessment. Your participation will take place over an eight-week period, and you may withdraw at any time without recourse. Throughout the study and after the conclusion of the study, confidential counseling support will be available upon request.

Risks:

There are no foreseeable risks in participating in this project. However, if any emotional, mental, or social discomfort is encountered, licensed counselors and therapist will be available upon request. This will be a 100 percent confidential study and your identity and participation will be protected at all times. You will meet with the principal investigator in a confidential space. Training will be conducted by licensed and trained presenters.

Benefits:

Participants will receive the following benefits:

- Individual counseling will introduce spirituality as a tool in mental toughness and mental fitness.
- The study will educate service members on developing communities of support and realizing their purpose in life.
- Through pastoral care and counseling, service members will address life stressors to construct healthy solutions.
- Training evolutions will build resiliency within the entire command.
- The participant will learn an additional coping mechanism.
- The study will help the participant manage psychosocial stressors.
- The service member will learn mental toughness, spiritual fitness, and resiliency.

Voluntariness:

Participation is voluntary and you may skip any questions you do not wish to answer. You can also stop participating at any time. Your decision to participate will have no impact on

your active-duty status. If something makes you feel uncomfortable in any way while you are in the study, please contact me directly in person, on the phone, or electronic communication. My contact information is at the top of this consent form. You can refuse to respond to any or all of the questions, and you will be able to withdraw from the process at any time without recourse.

**Confidentiality:**

We will be careful to keep your information confidential, and we will ask you and all the focus group members to keep the discussion confidential as well. There is always a small risk of unwanted or accidental disclosure. The conversations and the focus groups will be recorded and transcribed only with your permission. Any notes, recordings, or transcriptions will be kept private. I will be the only one with access to your information. The files will be encrypted and password protected. You can decide whether you want your name used. Your information and feedback will be kept in a secure cabinet and destroyed at the conclusion of the study.

**Summary:**

If you have any questions about the research study, please contact me at the contact information provided above.

**Signature:**

Signing this paper means that you have read this or had it read to you, and that you want to be in the study. If you do not want to be in the study, do not sign the paper. Being in the study is up to you, and no one will be mad if you do not sign this paper or even if you change your mind later. You agree that you have been told about this study and why it is being done and what to do.

---

Signature of Person Agreeing to  
Participate in the Project/Study

Date Signed

**APPENDIX C**  
**INTERVIEW QUESTIONS**

### **Interview Questions**

1. How many Sailors are you currently responsible for, and describe their current mental state?
2. Gauge the level of stress that you have encountered in providing counseling services at your command; and how has that stress level impacted your own stress level?
3. What is the typical stress type and level that you encounter in providing counseling services, and how do you help them process that stress? Also, how do you process your stress after work?
4. How many Sailors are you effectively able to serve and why?
5. How can you better utilize spirituality within you own life and counseling sessions?
6. What has been the biggest hindrance in providing resiliency care, and are there areas that you would like to avoid?

## **APPENDIX D**

### **PRE- AND POST-QUESTIONNAIRES**



**Pre- and Post-Questionnaire**

1. What is your definition of resiliency?
2. What is your definition of spirituality?
3. What, if any, suicidal ideations have you encountered in Sailors while providing counseling services at your command?
4. What emotional stress have you seen in Sailors that sought your assistance? How has that emotional stress impacted your stress level?
5. How would you describe the current mental health of the Sailors seeking your assistance?

## BIBLIOGRAPHY

- Abraham, Kenneth A. *The Matthew Henry Study Bible, King James Version*. China: Thomas Nelson, Inc, 1997.
- Advent Health University. "Vicarious Trauma: Information, Prevention and Resources." *Articles/Nursing*. November 12, 2019. <https://online.ahu.edu/blog/what-is-vicarious-trauma/>.
- Albarracín, Delores and Robert S. Wyer, Jr. "The Cognitive Impact of Past Behavior: Influences on Beliefs, Attitudes, and Future Behavioral Decisions." *Journal of Personality and Social Psychology* (2000): 5-22.
- American Counseling Organization. "Vicarious Trauma." *Fact Sheet #9*. September 26, 2021. <https://www.counseling.org/docs/trauma-disaster/fact-sheet-9-vicarious-trauma.pdf>.
- Anderson, Ray Sherman. *Spiritual Caregiving As Secular Sacrament: A Practical Theology for Professional Caregivers*. Practical Theology Series. London, UK: Jessica Kingsley, 2003. ProQuest Ebook Central.
- Antonovsky, Aaron. *Unraveling the Mystery of Health: How People Manage Stress and Stay Well*. 1st ed. San Francisco, CA: Jossey-Bass, 1987.
- Augusta Georgia Official Website. "History." *All About Augusta*. October 16, 2020. <https://www.augusta.go/397/history>.
- BarCharts. *Psychology: Abnormal*. Boca Raton, FL: BarCharts, Inc, 2013. ProQuest Ebook Central.
- Beck, Judith S. "Cognitive Therapy: Basics and Beyond." *The Journal of Psychotherapy Practice and Research* 6, no. 1 (1995): 71-80.
- Beitel, Mark, Zev Schuman-Olivier, Ruth Arnold, S. Kelly Avants, Arthur Margolin, and Maria Genova. "Reflections by Inner-City Drug Users on a Buddhist-Based Spirituality-Focused Therapy: A Qualitative Study." *American Journal of Orthopsychiatry* 77, no 1 (2010): 1-9.

- Bible Encyclopedias. "Boil." *International Standard Bible Encyclopedia*. March 13, 2021. <https://www.studydrive.org/encyclopedias/eng/isb/b/boil-1.html>.
- Blazer, Daniel German. "Spirituality, Depression and Suicide: A Cross-Cultural Perspective." *Southern Medical Association* (2007): 735-736.
- Brinkley, Alan. *The Unfinished Nation: A Concise History of the American People*. 2nd ed. New York, NY: The McGraw Hill Companies, Inc, 1997.
- Britannica. "Abraham Lincoln." *Biography*. April 11, 2021. <https://www.britannica.com/biography/Abraham-Lincoln>.
- Britannica Encyclopedia. "Jimmy Carter." *Biography*. September 27, 2020. <https://www.britannica.com/biography/jimmy-carter>.
- Bush, Harold K. *Lincoln in His Own Time: A Biographical Chronicle of His Life, Drawn from Recollections, Interviews, and Memoirs by Family, Friends, and Associates*. Iowa City, IA: University of Iowa Press, 2011. ProQuest Ebook Central.
- California Cognitive Behavioral Institute. "A Guide To Rational Living Therapy." n.d. <https://theccbi.com/a-guide-to-rational-living-therapy/>.
- Cameron, Charles. "An Introduction to Theological Anthropology." *Evangel*. 2005. [https://theologicalstudies.org.uk/pdf/anthropology\\_cameron.pdf](https://theologicalstudies.org.uk/pdf/anthropology_cameron.pdf).
- Carroll, John E. and Bill McKibben. *Sustainability and Spirituality*. Albany, NY: State University of New York Press, 2004. ProQuest Ebook Central.
- Center for Deployment Psychology. "Military Suicide." *Suicide in the Military*. November 16, 2020. <https://deploymentpsycho.org/disorders/suicide-main>.
- Center For Lifestyle Medicine And Wellness Care. "Spiritual Wellness." *Lifestyle*. December 9, 2020. <http://www.lifemedwellcare.org/docs/spiritual-wellness-lifestyle.pdf>.
- Cherry, Kendra. "What is Rational Emotive Behavior Therapy (REBT)." *Verywell Mind*. July 13, 2021. <https://www.verywellmind.com/rational-emotive-behavior-therapy-2796000#:~:text=Rational%20emotive%20behavior%20therapy%20%28REBT%29%20is%20a%20type,and%20behaviors%20in%20a%20healthier%2C%20more%20realistic%20way>.
- Christian Resource Institute. "Introduction to the Book of Job." *The Voice*. 2018. <http://www.crivoice.org/books/job.html>.
- Clarke, Adam. "Job 1." *The Adam Clarke Commentary*. March 25, 2021. <https://www.studydrive.org/commentaries/eng/acc/job-1.html#verse-20>.

- Cobb, James C. and John C. Inscoe. "Georgia History: Overview." *History and Archeology*. October 18, 2020.
- Coogan, Michael, Marc Z. Brettler, Carol A. Newsom, and PHEME PERKINS. *The New Oxford Annotated Bible*. New York, NY: Oxford University Press, 2001.
- Cully, J. A. and A. L. Teten. "A Therapist's Guide to Brief Cognitive Behavioral Therapy." *Department of Veterans Affairs, South Central Mental Illness Research, Education, and Clinical Center (MIRECC)*. 2008. [https://athealth.com/wp-content/uploads/2014/03/Guide\\_CBT\\_03-14.pdf](https://athealth.com/wp-content/uploads/2014/03/Guide_CBT_03-14.pdf).
- Davidson, James West, William E. Gienapp, Christine Leigh Heyrman, Mark H. Lytle, and Michael B. Stoff. *Nation of Nations: A Narrative History of the American Republic*. Boston, MA: McGraw Hill, 2001.
- Defense Suicide Prevention Office. "Annual Suicide Report." *Reports*. August 20, 2020. [https://www.dspo.mil/Portals/113/2018%20DoD%20Annual%20Suicide%20Report\\_FINAL\\_25%20SEP%2019\\_508c.pdf](https://www.dspo.mil/Portals/113/2018%20DoD%20Annual%20Suicide%20Report_FINAL_25%20SEP%2019_508c.pdf).
- DeSimone, Danielle. "Military Suicide Rates Are at an All-Time High; Here's How We're Trying to Help." *Stories*. September 26, 2021. <https://www.bu.edu/articles/2021/in-20-years-september-11-military-suicides-have-risen-sharply/>.
- Discover the Books of the Bible. "Book of Job." *Job*. March 6, 2021. <https://www.bible-studies.org/Bible%20Books/Job/Book%20of%20Job.html>.
- Ellison, Christopher G., David R. Williams, James S. Jackson, and Jason D. Boardman. "Religious Involvement, Stress, and Mental Health: Findings From the 1995 Detroit Area Study." *Social Forces* (2001): 215-249.
- Elysium Healthcare. "Cognitive Behavioral Theory." n.d. <https://www.elysiumhealthcare.co.uk/cognitive-behavioural-therapy-people-disturbed-not-things-view-take/>.
- Emerson, Jason and James S. Brust. *Madness of Mary Lincoln*. Carbondale, IL: Southern Illinois University Press, 2007. ProQuest Ebook Central.
- Field, Thomas A, Eric T. Beeson, and Laura K. Jones. "The New ABCs: A Practitioner's Guide to Neuroscience-Informed Cognitive-Behavior Therapy." n.d. [https://web.archive.org/web/20160815153718/http://www.n-cbt.com/uploads/7/8/1/8/7818585/n-cbt\\_researchpacket\\_newabcsmanuscript\\_advancecopy.pdf](https://web.archive.org/web/20160815153718/http://www.n-cbt.com/uploads/7/8/1/8/7818585/n-cbt_researchpacket_newabcsmanuscript_advancecopy.pdf).
- Ford, David F. *The Modern Theologians*. 2nd ed. Malden, NJ: Blackwell Publishers, 1997.
- Ford's Theatre. "Understanding Mary Lincoln." *Ford Theatre Blog*. April 15, 2021. <https://www.fords.org/blog/post/understanding-mary-lincoln/>.

- Fowler, Martin, John L. Hochheimer, and Michael Weiss. *Spirituality: New Reflections on Theory, Praxis and Pedagogy*. Oxford, UK: Inter-Disciplinary Press, 2012. ProQuest Ebook Central.
- Franklin, John Hope and Alfred A. Moss, Jr. *From Slavery to Freedom: A History of African Americans*. 7th ed. New York, NY: McGraw-Hill, 1994.
- Gallagher, Eugene B, Angela L. Wadsworth, and Terry Stratton. "Religion, Spirituality, and Mental Health." *The Journal of Nervous and Mental Disease* 90, no. 10 (2002): 697-704.
- Georgia Technology Authority. "Georgia Cyber Center." *Cybersecurity*. October 23, 2020. <https://gta.georgia.gov/georgia-cyber-center>.
- Gibson, John C. L. *Job*. Philadelphia, PA: Westminster Press, 1985). 148. ProQuest Ebook Central.
- González-Prendes, A. Antonio and Stella M. Resko. "Cognitive Behavioral Theory." Sage Publications, Inc. n.d. [https://www.sagepub.com/sites/default/files/upm-binaries/40689\\_2.pdf](https://www.sagepub.com/sites/default/files/upm-binaries/40689_2.pdf).
- Gregor, Brian. *A Philosophical Anthropology of the Cross*. Bloomington, IN: University Press, 2013.
- Hartley, John E. *The Book of Job*. Grand Rapids, MI: William B. Eerdmans Publishing Company, 1988. ProQuest Ebook Central.
- Headquarters Marine Corps. "Managing Combat & Operational Stress." *Documents*. n.d. [https://www.iimef.marines.mil/Portals/1/documents/PWYE/Toolkit/MAPIT-Modules/COSC/Managing%20Combat%20and%20Operational%20Stress\\_a%20Handbook%20for%20Marines%20and%20Families.pdf](https://www.iimef.marines.mil/Portals/1/documents/PWYE/Toolkit/MAPIT-Modules/COSC/Managing%20Combat%20and%20Operational%20Stress_a%20Handbook%20for%20Marines%20and%20Families.pdf).
- Heitink, Gerben. *Practical Theology: History, Theory, Actions Domains, Manual for Practical Theology*. Grand Rapids, MI: Wm B. Eerdmans Publishing Co, 1999.
- Hersen, Michel and Alan M. Gross. *Handbook of Clinical Psychology: Volume 2 Children and Adolescents*. John Wiley & Sons, Inc. 2008. [https://www.researchgate.net/profile/ChristineWekerle/publication/232542343\\_Child\\_maltreatment/links/59ee5eac4585154350e80ef1/Child-maltreatment.pdf#page=281](https://www.researchgate.net/profile/ChristineWekerle/publication/232542343_Child_maltreatment/links/59ee5eac4585154350e80ef1/Child-maltreatment.pdf#page=281).
- Hodgson, Peter C. and Robert H. King. *Christian Theology: An Introduction to Its Traditions and Tasks*. Minneapolis, MN: Fortress Press, 1994.
- Hunsinger, Deborah van Deusen. *Bearing the Unbearable: Trauma, Gospel, and Pastoral Care*. Grand Rapids, MI: William B. Eerdmans Publishing Company, 2015. ProQuest Ebook Central.

- Institute For Creation Research. "The Land of Uz." *Days of Praise*. March 27, 2017. [https://www.dspo.mil/Portals/113/2018%20DoD%20Annual%20Suicide%20Report\\_FINAL\\_25%20SEP%2019\\_508c.pdf](https://www.dspo.mil/Portals/113/2018%20DoD%20Annual%20Suicide%20Report_FINAL_25%20SEP%2019_508c.pdf).
- Jones, Serene. *Trauma+Grace: Theology in a Ruptured World*. Louisville, KY: Westminster John Knox Press, 2009. ProQuest Ebook Central.
- Lange, Dirk. *Trauma Recalled: Liturgy, Disruption, and Theology*. 1st ed. Minneapolis, MN: Fortress Press, 2009.
- Longman, III, Tremper. *Job*. Grand Rapids, MI: Baker Academic, 2012. 254. ProQuest Ebook Central.
- Marines Corps. The Official Webpage of the United States Marine. "Spiritual Fitness." *ALMARS*. October 3, 2016. <https://www.marines.mil/News/Messages/ALMARS/Article/962784/spiritual-fitness/>.
- "Marine Fitness Spiritual Guide." <https://www.iimef.marines.mil/Portals/1/documents/PWYE/Toolkit/MAPIT-Modules/Marine-Fitness/SpiritualFitnessGuide.pdf?ver=2018-01-23-133357-223>.
- Mass, Robin M. van L. *Genesis to Revelation: Job*. Nashville, TN: Abingdon Press, 1997. ProQuest Ebook Central.
- Mayo Clinic. "Cognitive Behavioral Therapy." n.d. <https://www.mayoclinic.org/tests-procedures/cognitive-behavioral-therapy/about/pac-20384610>.
- \_\_\_\_\_. "Mental illness." *Diseases & Conditions*. June 8, 2019. <https://www.mayoclinic.org/diseases-conditions/mental-illness/symptoms-causes/syc-20374968>.
- \_\_\_\_\_. "Psychotherapy." n.d. <https://www.mayoclinic.org/tests-procedures/psychotherapy/about/pac-20384616>.
- McGrath, Alister E. *The Christian Theology Reader*. 2nd ed. Oxford, NY: University of Oxford-Blackwell Publishers Ltd, 2001.
- McKim, Donald K. *Westminster Dictionary of Theological Terms*. Louisville, KY: Westminster John Knox Press, 1996.
- Mental Health. "What is Mental Health." *Basics*. n.d. <https://www.mentalhealth.gov/basics/what-is-mental-health>.
- Merriam-Webster, Incorporated. *Merriam-Webster's Collegiate Dictionary*. 11th ed. Springfield, MA: Merriam-Webster Incorporated, 2004.

- Military Suicide Research Consortium. "Study Reveals Top Reason Behind Soldiers Suicide." November 24, 2020. <https://www.msrmc.fsu.edu/news/study-reveals-top-reason-behind-soldiers-suicides>.
- Morgan, John J. B. *The Scientific Attitude*. New York, NY: Farrar & Rinehart Publishers, 1941. ProQuest Ebook Central.
- Musser, Donald W. and Joseph L. Price. *A New Hand-Book of Christian Theologians*. Nashville, TN: Abingdon Press, 1996.
- National First Ladies' Library. "Mary Lincoln Biography." *Biographies*. April 15, 2021. <http://www.firstladies.org/biographies/firstladies.aspx?biography=17>.
- Navy History and Heritage Command. "The Establishment of The Department of the Navy." *Navy History and Imagery*. November 13, 2017. [https://www.history.navy.mil/browse-by-topic/commemorations-toolkits/navy-birthday/Origins\\_Navy/the-establishment-of-the-department-of-the-navy.html](https://www.history.navy.mil/browse-by-topic/commemorations-toolkits/navy-birthday/Origins_Navy/the-establishment-of-the-department-of-the-navy.html).
- Navy Information Operations Command Georgia. "NIOC GA History." *Notes*. Command Historian, October 20, 2020.
- O'Reilly, Mary Linda. "Spirituality and Mental Health Clients." *Journal of Psychosocial Nursing and Mental Health Services* 42, no. 7 (2004): 44-53.
- Office for Victims of Crime. "The Vicarious Trauma Toolkit." *About OVC*. September 26, 2021. <https://ovc.ojp.gov/program/vtt/what-is-vicarious-trauma>.
- Orr, James. "Pity." *International Standard Bible Encyclopedia*. Bible Study Tools. <https://www.biblestudytools.com/encyclopedias/isbe/pity.html>.
- "Our Mission Navy." October 20, 2020. <https://www.navy.mil/About/>.
- Oxford Lexico. s.v. "Spirituality." December 9, 2020. <https://www.lexico.com/definition/spirituality>.
- Pritchard, Myra Helmer and Jason Emerson. *The Dark Days of Abraham Lincoln's Widow, As Revealed by Her Own Letters*. Carbondale, IL: Southern Illinois University Press, 2011. ProQuest Ebook Central.
- Psychology Today*. "Introversion." *Basics*. October 14, 2021. <https://www.psychologytoday.com/us/basics/introversion>.
- "PTSD." PTSD Basics. US Department of Veteran Affairs. [https://www.ptsd.va.gov/understand/what/ptsd\\_basics.asp](https://www.ptsd.va.gov/understand/what/ptsd_basics.asp).

- Rambo, Shelly. *Resurrecting Wounds: Living in the Afterlife of Trauma*. Waco, TX: Baylor University Press, 2017. ProQuest Ebook Central.
- "Rational Emotive Behavioral Therapy (REBT), Types of Therapy, Good Therapy." n.d. <https://www.goodtherapy.org/learn-about-therapy/types/rational-emotive-behavioral-therap>.
- Ray, Thomas. "America's Oldest African American Church." *Baptist History*. January 3, 2009. <http://www.tribune.org/americas-oldest-african-american-church/>.
- Reardon, Patrick Henry. *The Jesus We Missed: The Surprising Truth About the Humanity of Christ*. Nashville, TN: Thomas Nelson, 2012.
- Richards, P. Scott and Allen E. Bergin. *A Spiritual Strategy for Counseling and Psychotherapy*. 2nd ed. Washington, DC: American Psychological Association, 2005.
- Robinson, Simon. *Spirituality, Ethics and Care*. London, UK: Jessica Kingsley Publishers, 2008. ProQuest Ebook Central.
- Schneiderman, Neil, Julia M. Silva, Henry Tomes, Jacquelyn H. Gentry and Majorie A. Speers. "Integrating Behavioral and Social Sciences with Public Health." *Public Health and Religion* (2000): 351-368.
- Schneiders, Sandra M. "Religion vs. Spirituality: A Contemporary Conundrum." *Spiritus* 3, no 2 (2003).
- Schroeder-Lein, Glenna R. *Lincoln and Medicine*. Carbondale, IL: Southern Illinois University Press, 2012. ProQuest Ebook Central.
- SECNAVINST 17309.A. "Privileged and Confidential Communications to Chaplains."
- Shafranske, Edward P. and Len Sperry. "Addressing the spiritual dimension in psychotherapy: Introduction and overview." *Spiritually Oriented Psychotherapy* (2005): 11-29.
- Shenk, Joshua Wolf. "Lincoln's Great Depression." *The Atlantic*. October 2005. <https://www.theatlantic.com/magazine/archive/2005/10/lincolns-great-depression/304247/>.
- Smith, B. W., J. Dalen, K. Wiggins, E. Tooley, P. Christopher, and J. Bernard. "The Brief Resilience Scale: Assessing the Ability to Bounce Back." *International Journal of Behavioral Medicine* 15, n.d., 194-200.



- Stahlman, Shauna and Alexis A. Oetting. "Mental Health Disorders and Mental Health Problems, Active Component, U.S. Armed Forces, 2007-2016." *Medical Surveillance Monthly Report*, March 2018.
- Steenberg, M. C. *Of God and Man: Theology As Anthropology from Irenaeus to Athanasius*. London, UK: Bloomsbury Publishing Plc, 2009. ProQuest Ebook Central.
- Swinton, John and David Willows. *Spiritual Dimensions of Pastoral Care: Practical Theology in a Multidisciplinary Context*. London, UK: Jessica Kingsley Publishers, 2001. ProQuest Ebook Central.
- The Official Website of the Military Health System. "Combat and Operational Stress Reactions." *Combat and Operational Stress Control*. October 2, 2021. <https://health.mil/Military-Health-Topics/Centers-of-Excellence/Psychological-Health-Center-of-Excellence/Psychological-Health-Readiness/Combat-and-Operational-Stress-Control/COSRs>.
- "The Vicarious Trauma Toolkit." About OVC, Office for Victims of Crime. <https://ovc.ojp.gov/program/vtt/what-is-vicarious-trauma>.
- The White House. "Abraham Lincoln." *Presidents*. April 13, 2021. <https://www.whitehouse.gov/about-the-white-house/presidents/abraham-lincoln/>.
- \_\_\_\_\_. "Mary Todd Lincoln." *First Families*. April 13, 2021. <https://www.whitehouse.gov/about-the-white-house/first-families/mary-todd-lincoln/>.
- Total Workforce Management Services. "Demographics." *Dept of Navy*. October 22, 2020. <https://twms.dc3n.navy.mil/demographics.aspx>.
- Tullock, John H. *The Old Testament Story*, 4th ed. Hoboken, NJ: Prentice Hall, 1997.
- Unite for Sight. "Module 2: A Brief History of Mental Illness and the U.S. Mental Health Care System." *Mental Health*. June 27, 2012. <http://www.unitefor sight.org/mental-health/module2>.
- University of Washington Center for Behavioral Technology. "Dialectical Behavior Therapy." *About Us*. n.d. <https://depts.washington.edu/uwbrtc/about-us/dialectical-behavior-therapy/>.
- U. S. Army Cyber Center of Excellence. "Welcome to The Cyber Center of Excellence." *The official Homepage*. October 5, 2020. <https://cybercoe.army.mil/>.
- U. S. Army Fort Gordon. "History." October 17, 2020. <https://home.army.mil/gordon/index.php/about/history>.

- U. S. Department of Health & Human Services. "What is Mental Health." *Basics*. May 28, 2020. <https://www.mentalhealth.gov/basics/what-is-mental-health>.
- U. S. Department of Veteran Affairs,. "PTSD." *PTSD Basics*. September 29, 2021. [https://www.ptsd.va.gov/understand/what/ptsd\\_basics.asp](https://www.ptsd.va.gov/understand/what/ptsd_basics.asp).
- U. S. Fleet. Fleet Cyber Command/U.S. Tenth. "Command Description." *About Us*. October 20, 2020. <https://www.fcc.navy.mil/About-Us/>.
- "Vicarious Trauma." Fact Sheet #9. American Counseling Organization. <https://www.counseling.org/docs/trauma-disaster/fact-sheet-9-vicarious-trauma.pdf>.
- "Vicarious Trauma: Information, Prevention and Resources." Articles/Nursing. Advent Health University. November 12, 2019. <https://online.ahu.edu/blog/what-is-vicarious-trauma/>.
- Warner, Meg, Carla A. Grosch-Miller, Hilary Ison, and Christopher Southgate. *Tragedies and Christian Congregations: The Practical Theology of Trauma*. New York, NY: Abingdon, Oxon, 2020. ProQuest Ebook Central.
- Weinger, Harry and Cliff White. "James Brown: Are You Ready for Start Time?!?" *Biography About James*. October 17, 2020. <http://www.jamesbrown.com/>.
- "What is Spiritual Fitness?" <https://www.iimef.marines.mil/Portals/1/documents/PWYE/Toolkit/MAFIT-Modules/Marine-Fitness/SpiritualFitnessGuide.pdf?ver=2018-01-23-133357-223>.
- Wilson, Lindsay. *Job*. Grand Rapids, MI: William B. Eerdmans Publishing Company, 2015. 185. ProQuest Ebook Central.
- Willows, David and John Swinton. "Pastors or Counselors." *Spiritual Dimensions of Pastoral Care: Practical Theology in A Multidisciplinary Context* (London, UK: Jessica Kingsley Publishers), 2000: 37-38.
- World Population Review. "Augusta, Georgia Population." *US Cities*. October 27, 2020. <https://worldpopulationreview.com/us-cities/augusta-ga-population>.